



Rollover In Form

401(a) and 401(k) Retirement Plans

Use this form if you want to:
• submit a rollover in.

Do not use this form to:

- transfer your account from another provider under your current plan to MassMutual Retirement Services ("MassMutual"). Complete a *Provider-to-Provider Transfer Form*.
- Complete one form for each rollover
- Complete the appropriate information in Section C.
- Attach a current statement of your account of the amount you intend to rollover or transfer.

MassMutual will not process this form until it is received in good order. Please see the Important Information Section for information on "Good Order" requirements.

Questions?

Call
MassMutual's Customer
Service Center
1-800-528-9009

Fax
877-526-2531 or
800-678-8645

Online
massmutual.com/serve

Section A - Plan Information

Group No.	Plan Name
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Section B - Participant Information

SSN	Participant Name	Date of Birth	
* Legal Address			
City	State	Zip Code	Daytime Phone Number
Financial Advisor's Name	Financial Advisor's Phone Number		
Financial Advisor's Email			

*We will change your account information to reflect the Legal Address above and all future mailings will be sent to this address unless changed by you or your Plan Administrator as described under "State Address" in the *Important Information* Section.

Section C - Rollover

I request that all amounts OR \$ _____ be liquidated from the retirement program indicated below and be credited to my account at MassMutual. The eligible rollover distribution is coming from an eligible retirement plan identified under Code section:

- 401 qualified plan (including 401(k) or 403(a) qualified annuity plans) 403(b) tax sheltered plan
- 408 IRA including simplified employee pension and simple retirement accounts
- Governmental 457(b) eligible deferred compensation plan sponsored by a governmental employer

Rollover From:

Provider	Account Number
Address	Phone Number

If your contract includes a Roth Contributions feature, check here to indicate that designated Roth contributions will be included.

Note that you cannot include Roth IRA amounts in this account.

If your contract includes an After-tax Contributions feature, check here to indicate that After-tax contributions will be included.

Section D - Participant Authorization

I understand that if I am currently enrolled in the Plan, my rollover or transfer will be allocated among the investment options based upon my current investment elections unless Special Instructions are provided below to invest my rollover or transfer.

Special Instructions: _____

Participant Signature

Date

Section E - Current Plan Administrator's Acceptance of Rollover

The authorized signature below certifies eligibility and acceptance of the rollover as instructed in this request.

Authorized Plan Administrator's Signature

Date

Authorized Plan Administrator's Name (please print)

Section F - Payment Information

For payments made by check, make check payable to:

MassMutual FBO Employee Name _____ Social Security No. _____

Mail check and this form to:

Regular Mail: MassMutual Retirement Services
P.O. Box 1583
Hartford, CT 06144-1583

Overnight Mail: MassMutual Retirement Services
1 Griffin Road North
Windsor, CT 06095-1512

For payments made by ACH or Wire, forward to:

Mellon Bank
Three Mellon Bank Center
Pittsburgh, PA 15259-0001
Money Transfer Dept.
ABA-043000261
Account No 1957963

Include the following information:

Credit Massachusetts Mutual Life Insurance Company

FBO: Employee Name _____

Social Security No. _____

Employer Name _____

Group No. _____

Section G - Important Information

Good Order - "Good Order" means that all sections of the form are complete, the participant has provided their signature authorizing the transaction, the former Plan Sponsor has provided their signature (if required) and the current Plan Sponsor has provided their signature authorizing MassMutual to process the transaction requested on the form (if required).

Stale Address - It is important that you notify us if you change your address. Going forward, your address may change in our records either at your or your employer's direction, or as a result of an address confirmation service provided under our agreement with your employer. Under this service, the addresses in our records are compared against and updated quarterly with addresses received from commercial address update services (e.g., the U.S. Postal Service). If your mail is returned to us or your employer tells us your address is incorrect, we are likely to suspend future mailings until a new address is obtained. Unless preempted by federal law, failure to give us a current address may also result in uncashed distributions from your participant account being considered abandoned property under state law, and remitted to the applicable state. To update your address, contact your Plan Administrator or, if permitted by your Plan, log in to our website at massmutual.com/serve and select the "My Profile" tab at the top of the screen.

MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) (of which Retirement Services is a division) and its affiliated companies and sales representatives.