

DIRECT ROLLOVER REQUEST

Please complete this form to have a distribution from your prior employer's plan or an IRA directly rolled over to this eligible retirement Plan. Submit the completed form to the Plan Administrator of the prior plan or IRA and s/he will send this form directly to MassMutual Retirement Services along with the rollover amount. You must also complete a Rollover Statement and submit it to the Plan Administrator of your new employer's plan.

Account Number

Contractholder Name

Plan Name

EMPLOYEE INFORMATION

Employee's Name

first

middle

last

Social Security No.

Telephone # or
E-mail Address

Participant's Address

street

city

state

zip

REQUEST FOR DIRECT ROLLOVER/TRANSFER INSTRUCTIONS

I request an immediate full transfer of my Participant Account as a direct rollover from:

my prior employer's eligible retirement plan my IRA (traditional, SEP, SIMPLE; exclude after-tax)

Prior plan's name:

Account #

The Transfer should be made to my new employer's plan, which is an eligible retirement plan under Internal Revenue Code Section 402(c). The prior plan's Trustee, Custodian or Administrator is authorized and directed by the new plan to transfer my account.

The Rollover Amount should: include exclude Employee After-Tax Contributions. If "include" is elected, enter the dollar amount of the after-tax contributions being transferred: \$. Employee After-Tax Contributions cannot be rolled over to a 457(b) plan.

The check should be made payable to **MassMutual**, as issuer of the new employer's plan's Group Annuity Contract, and include the new plan's account number.

Mail the check, along with this form, to:

MassMutual Retirement Services, N405
1295 State Street
Springfield, MA 01111-0001

See second page
for Wire Transfers

SIGNATURES

Employee

_____/_____/_____
Date

Plan Administrator of New Employer's Plan

_____/_____/_____
Date

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RS-06979-00 MassMutual Retirement Services (MMRS) is a division of Massachusetts Mutual Life Insurance Company (MassMutual) and affiliates.

WIRE TRANSFER INSTRUCTIONS

Account Number

Contractholder Name

Step 1: Please FAX to 413-744-7148 notification that this wire is coming.

Step 2: Wire to: J. P. Morgan Chase & Co.
New York, NY

Account Name: Massachusetts Mutual Life Insurance Company

Account #: 323895913

ABA Routing #: 021000021

Use text message to indicate:

Contract # (do not use dashes or spaces)

Contractholder's Name

Direct Rollover for (*insert employee's name*)

Social Security # of employee

EE Contribution (*insert dollar amount of any after-tax contributions*)

(This information may be found on the reverse side of this form.)