



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 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

Sponsor 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 **Reliance Trust Company** and include the new plan's account number.

Mail the check, along with this form, to:

MassMutual
PO Box 219062
Kansas City MO 64121-9062

See second page
for Wire Transfers
and ACH

Or, if overnight mail is used, mail check and this form to:

MassMutual
430 W 7th St
Kansas City MO 64105

SIGNATURES

Employee

____/____/_____
Date

I, Plan Administrator, certify, to the best of my knowledge, that the above information on this Form is complete and accurate.

Plan Administrator of New Employer's Plan

____/____/_____
Date

RS-44089-00

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INSTRUCTIONS FOR WIRES AND ACH CREDIT TRANSMISSIONS

Account Number

Sponsor Name

Please ask the originator to establish a repetitive transmission file with these instructions. Following are the fields that need to be filled in:

Bank:	JP Morgan Chase New York, NY
Bank ABA #:	021000021
Beneficiary:	Reliance Trust Company
Account Number:	000270815076
Plan (or Participant) Name:	Please provide the name of your plan. For wire transmissions, use the field titled " Pay Details. " For ACH credit transmissions, use the field titled " Individual Name. " For participants, please provide full name and Social Security Number.
Contract Number:	Please provide your contract number. For wire transmissions, use the field titled " Reference/Payment Details/Message Text/Remittance Information. " For ACH credit transmissions, use the field titled " Individual ID. " This field contains 14 characters. Please use the prefix MM for the first 2 characters. The next six characters represent your contract number. The next 3 characters represent your plan number. The last three characters represent your subscriber number. Do not use dashes (-) or spaces; use zero "0" to fill spaces, and right fill. If participant directed, contract number is required. Example: MM012345001001 (Contract number is required for participant transactions)
Amount:	\$ XXXXXXXX.XX

If you have any questions, please contact your MassMutual account representative.