

HRSA-ILA Annuity & Savings Plan Rollover Statement

Account: **SF 51506 - 1 - 1 - 1**

Name: _____
first middle last

Address: _____
street

_____ city state zip

Social Security No. _____

Birth Date: _____ Hire Date: _____

Marital Status: Married Single or Legally Separated Divorced

ROLLOVER INFORMATION

Amount of Rollover Contribution: Taxable portion (include investment income) \$ _____
 Nontaxable (e.g., participant after-tax contributions) \$ _____
 Total Rollover Contribution \$ _____

[Note: Rollovers cannot include required minimum distributions. Participant after-tax contributions can only be included in a direct rollover from a qualified plan.]

Payment: Check attached made payable to MassMutual. Include the employee's social security number and the new plan's account number on the check.
 Wire or Check sent separately to MassMutual Retirement Services by the Prior Plan.
[Provide a completed Direct Rollover Request form to your Prior Plan Administrator for wiring or mailing instructions.]

INVESTMENT SELECTION

For more complete information about each investment, including charges and expenses, we recommend that you read each investment's prospectus carefully before investing. You can read and print copies for all of your plan's investment options through The JourneySM web site at www.massmutual.com/retire. You also may contact our Participant Information Center at 1-800-743-5274 between 8:00 a.m. and 8:00 p.m. ET, Monday through Friday, to request a prospectus.

The Rollover Contributions will be invested in a separate manner from other contributions to the Plan. Please enter your investment selection below.

(ENTER WHOLE PERCENTAGES; 1% MINIMUM IN INVESTMENTS SELECTED; MULTIPLES OF 1% THEREAFTER)

SF Guaranteed	_____ %	MM S&P 500 Index Fund (Nrtn Trust)	_____ %
Prm Core Bond (Barings)	_____ %	Sel Blue Chip Growth (T. Rowe Price)	_____ %
RetireSMART Conservative	_____ %	Sel Gr Opps (Sands/JSP)	_____ %
RetireSMART Moderate	_____ %	Prm OppenheimFds Sm Cp Opp II Sel	_____ %
RetireSMART Moderate Growth	_____ %	Sel Wellington/OFI SmCpGr	_____ %
RetireSMART Growth	_____ %	Sel Equity Opportunities Fund (TRP/Well)	_____ %
Sel Black Rock (Global Allocation II)	_____ %	Sel Mid Cap Growth Fund (TRP/Frontier)	_____ %
Sel Div Value Fund (Brdywn/TRP)	_____ %	Premier Global (OFI)	_____ %
Small Cap Value (Invesco)	_____ %	MMI EAFE Index (Nrtn Trust)	_____ %

(TOTAL PERCENTAGES MUST EQUAL 100 %)

SIGNATURES

I certify that the above Rollover Contribution was an eligible rollover distribution from either a 401(a) qualified plan, 403(a) qualified annuity plan, 403(b) tax-sheltered annuity plan, traditional IRA, or 457(b) governmental plan.

Participant _____ Date ____/____/____

I, the plan administrator, certify the above information is correct.

Plan Administrator _____ Date ____/____/____