

HRSA-ILA Annuity & Savings Plan

This form is used when existing members request the transfer or rebalance of investments.

INVESTMENT TRANSFER

Account Number **51506**

Participant's Name _____
first middle last

Social Security No. _____

TRANSFER OPTIONS

Note: Requests made on this form apply to all contributions within the account. Account balance transfers requests processed by MassMutual on a business day before 4pm Eastern Time will be processed using the value as of the close of the stock market on that day. Transfers requests processed by MassMutual after 4pm Eastern Time, or on a weekend or holiday, will be processed using the value as of the close of the stock market on the following business day. Account balance transfers are subject to certain limitations designed to discourage short-term trading strategies that are inconsistent with sound retirement planning. Refer to MassMutual's Excessive Trading Policy for details.

Enter Whole Percentages; 1% minimum in investments selected; multiples of 1% thereafter.

I elect to change my contributions into the plan to reflect the following investment selection:

- Check one: Change future contributions **ONLY**
 Change future contributions **AND** rebalance my existing account balance
 Change future contributions **AND** rebalance my existing account balance quarterly using Cruise Control™ * (see definition of Cruise Control, below)
 (PERCENTAGES MUST TOTAL 100%)

SF Guaranteed	_____%	MM S&P Mid Cap Index (Nrtn Tr (SIA-CBW)	_____%
Core Bond (Barings)	_____%	Mid Cap Growth Fund (TRP/Frontier)	_____%
MassMutual 20/80 Allocation Fund	_____%	Global (OFI)	_____%
MassMutual 40/60 Allocation Fund	_____%	MM MSCI EAFE Index (Nrtn Trust)	_____%
MassMutual 60/40 Allocation Fund	_____%	MM Sel T. Rowe Price Ret 2005	_____%
MassMutual 80/20 Allocation Fund	_____%	MM Sel T. Rowe Price Ret 2010	_____%
Sel Black Rock (Global Allocation II)	_____%	MM Sel T. Rowe Price Ret 2015	_____%
Div Value Fund (Brdywn/TRP)	_____%	MM Sel T. Rowe Price Ret 2020	_____%
Small Cap Value (Invesco)	_____%	MM Sel T. Rowe Price Ret 2025	_____%
MM S&P 500 Index Fund (Nrtn Trust)	_____%	MM Sel T. Rowe Price Ret 2030	_____%
Blue Chip Growth (T. Rowe Price)	_____%	MM Sel T. Rowe Price Ret 2035	_____%
Gr Opps (Sands/JSP)	_____%	MM Sel T. Rowe Price Ret 2040	_____%
Sm Cp Opp II (Invesco)	_____%	MM Sel T. Rowe Price Ret 2045	_____%
Small Cap Growth Equity Fund	_____%	MM Sel T. Rowe Price Ret 2050	_____%
Equity Opportunities Fund (TRP/Well)	_____%	MM Sel T. Rowe Price Ret 2055	_____%
Mid Cap Value (American Century) (SIA-CDJ)	_____%	MM Sel T. Rowe Price Ret 2060	_____%
MM Rsi 2000 SmCap Indxz (Nrtn Tr) (SIA-CBP)	_____%		

* **Cruise Control™** Periodically rebalances your existing and future account balances to this investment strategy stated above. Transfers initiated by Cruise Control will be posted at the time this form is processed and subsequent rebalances will occur **Quarterly** based on the date on which you elect to use the Cruise Control feature.

If you would like to make further changes to your account, not displayed on this form, such as transferring a set percent of your current balance please log into The Journey at <https://www.massmutual.com/journey/> or contact a representative by calling the FLASH Line at 1-800-743-5274. Representatives are available Monday through Friday between the hours of 8 am to 8pm EST.

SIGNATURE

Participant

_____/_____/_____
Date