Used to submit a rollover contribution (check) and have it invested.

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 ☐ Widowed ☐ 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 Journey 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 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 Indx (Nrtn Tr) (SIA-CBP)	_____%		

(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.

_____/_____/_____
Date

_____
Plan Administrator

H:\Office Documents\Forms\Annuity Forms\A&S Rollover Statement