

ROLLOVER STATEMENT

Account Number

Name:

first

middle

last

Address:

street

city

state

zip

Social Security No.

Telephone # or
E-mail Address:

Birth Date:

mm/dd/yyyy

Date of Hire:

mm/dd/yyyy

Marital Status: Married Not Married or Legally Separated

Payroll Frequency: monthly (12/yr) semi-monthly (24/yr) bi-weekly (26/yr) weekly (52/yr)

ROLLOVER INFORMATION Consult your Plan Administrator as to what types of money are allowed to be rolled over. If the balance that you want to roll over consists of a Roth account, a separate Rollover Form is required.

Name of **Prior Plan**:

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

Be sure to enter all earnings, including those associated with after-tax contributions, on the "Taxable portion" line. Contributions and earnings on the "Taxable portion" will remain untaxed until they are distributed.

[Note: Rollovers cannot include required minimum distributions. Participant after-tax contributions can only be included in a direct rollover from a qualified plan under Code Section 401(a).]

PAYMENT INFORMATION

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 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. Note: If you do not make investment selections within five days of receipt of rollover contributions, the rollover will be invested in the Plan's default investment selection. Also Note, if you are currently invested in a CustomChoice Strategy and you change your investments, you will no longer be invested in the strategy.

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

(TOTAL PERCENTAGES MUST EQUAL 100%)

SIGNATURES

I certify that, to the best of my knowledge, the funds being rolled over consist entirely of an eligible rollover distribution from either a 401(a) qualified plan, 403(a) qualified annuity plan, 403(b) tax-sheltered retirement plan, traditional IRA, or 457(b) governmental plan.

Participant

_____/_____/_____
Date

I, the plan administrator, certify, to the best of my knowledge, the above information is correct.

Plan Administrator

_____/_____/_____
Date

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