

Rollover Contribution Form

Please read Section G - *Important Information* before completing this form.

Use this form to submit a rollover contribution to the Plan.

- You must already be enrolled in your Employer's Plan at MassMutual Retirement Services ("MassMutual") before submitting this form. This form may not be used for changes to your investment elections.
- Your current Plan Administrator will need to verify that you are eligible to make a rollover contribution and that the amount to be rolled into the Plan is an eligible rollover contribution under the terms of the Plan and the Internal Revenue Code. See your Plan Administrator for more information. If the rollover contribution is allowed and if you have not already done so, contact your prior Plan Administrator or IRA provider to initiate the Rollover distribution process.
- Return this form and rollover contribution check, if applicable, to your current Plan Administrator. Your check will be deposited and the rollover contribution allocated to your account once it is approved and received by MassMutual.
- This form will be valid for 90 days from the date of receipt at MassMutual.

Questions?

Call
MassMutual's Customer
Service Center
1-800-854-0647

Fax
1-800-220-2913

Online
www.massmutual.com/corp

MassMutual will not process this form until it is received in good order. Please see the *Important Information* Section for information on "Good Order" requirements.

Section A - Plan Information (Plan Administrator completes)	
Plan ID	Plan Name
Plan Contact	Daytime Phone Number

Section B - Participant Information (Participant completes)				
SSN	Participant Name	Date of Birth	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
* Legal Address	City	State	Zip Code	Daytime Phone No.

*We will change your account information to reflect the Legal Address above and all future mailings will be sent to this address unless changed by you or your Plan Administrator as described under "Stale Address" in the *Important Information* Section.

Section C - Investment Election (Participant Completes)

Please select either 1 or 2.

1. My rollover contribution will be invested in my **current investment elections in the plan**. If I have not completed an Enrollment Form under this Plan, my rollover contribution will be invested in the Plan's default investment option. I understand it is my responsibility to provide investment and/ or exchange instructions through my Employer; by accessing my account online at www.massmutual.com/corp or by calling MassMutual's Customer Service Center at 1-800-854-0647.
2. My rollover contribution will be invested in accordance with my investment elections below. (must be whole percentages that total 100%)
Note: This option cannot be used if you are currently investing in an Asset Allocation Model or to select a model.

Investment 1	%	Investment 6	%
Investment 2	%	Investment 7	%
Investment 3	%	Investment 8	%
Investment 4	%	Investment 9	%
Investment 5	%	Investment 10	%

Total 100%

Section D - Rollover Information (Plan Administrator completes)

ROLLOVER

Amount of rollover contribution check \$ _____

Note: The amount you rollover must represent a rollover from an eligible retirement plan or IRA.

Source of the Rollover:

Prior Plan or Account Name: _____ Prior Provider: _____

Indicate whether this rollover contribution is from an IRA or eligible retirement plan (indicate the type of plan).

- 401(a) plan (including 401(k), money purchase, profit sharing, defined benefit plans)
- 403(b) plan
- Governmental 457(b) plan (special requirements may apply - see your tax advisor)
- Traditional IRA (non Roth) - the amount rolled over consists entirely of pre-tax contributions and earnings
- Other, State Type: _____

Spousal Beneficiary Rollover Information (complete if applicable)

- The rollover represents proceeds from my deceased spouse's retirement plan.
- This rollover represents a distribution payable to me as a spouse (or former spouse) alternate payee as a result of a QDRO.

Traditional After-tax or Roth Rollover Information (complete if applicable)

Traditional After-tax Rollover (only permitted as a direct rollover from an eligible retirement plan)

- \$ _____ of the rollover represents after tax employee contributions ("cost basis")
- \$ _____ of the rollover represents after tax earnings (if there is a loss, indicate with a minus ('-') sign)

Roth After-tax Rollover (only permitted from an eligible retirement plan)

- \$ _____ of the rollover represents Roth After-tax contributions ("cost basis").
Calendar Year the first Roth contribution was made to distributing plan was 20 _____
- \$ _____ of the rollover represents Roth earnings (if there is a loss, indicate with a minus ('-') sign)

Note: Cost basis and earnings will be separately accounted for within your rollover account(s) unless other instructions are provided in an attachment. This is required to ensure that Roth basis and earnings are accounted for separately from the non-Roth portions of the account.

Section E - Participant Request and Signature

As a former participant in the above-referenced retirement plan or as owner of the above-referenced IRA, I confirm that:

- (1) the prior plan is either a Traditional IRA (non-Roth) or an eligible retirement plan which qualifies this contribution as an eligible rollover;
- (2) the prior plan or IRA has satisfied such requirements as the Plan may have established for the purpose of reasonably concluding the eligibility for its acceptance of the rollover contribution amount under the Plan; and
- (3) I understand that these rollover contributions, once deposited in the Plan, will be subject to all provisions of the Plan, including all distribution restrictions.

Participant Signature_____
Date

Note: Plan Sponsors may choose whether to use this Participant Request and Signature section in order to obtain the participant's confirmation. However, MassMutual will not review this section for the participant's signature. Authorization for processing this transaction is made solely by the Plan Sponsor in Section F.

Section F - Plan Administrator Authorization

ROLLOVER

I hereby confirm the Plan's acceptance of eligible rollover contributions of this type and authorize that this rollover contribution be invested as indicated above or as provided separately in an attachment. In the absence of participant investment elections or instructions, the rollover contribution will be invested into the Plan's default investment designated by the Plan Sponsor or Plan Fiduciary. I authorize MassMutual to allocate the rollover contribution into the participant's account in accordance with the description of the sources and the taxable and non taxable or cost basis amounts indicated in Section D. I also confirm that the acceptance of this rollover contribution into the Plan is a result of the Employer's nondiscriminatory policies with respect to the limits (if any) on the sources of rollover contributions that may be accepted by the Plan and in accordance with the Plan document; and that this rollover constitutes a related or unrelated rollover (check the appropriate box). In the absence of an election, the rollover contribution will be deemed to be unrelated. I certify that the address in the Participant Information section above is the participant's current address of record and I authorize MassMutual to update its records, if necessary, to reflect this address. I also agree to indemnify and hold harmless MassMutual, and if applicable, the trustee, Reliance Trust Company, from and against any loss, liability, cost or expense (including, without limitation, counsel fees and expenses in connection with the contest or settlement of any claim) that any one of them might incur or sustain, or discover that they have incurred or sustained, by reason of any claim which might be made against any of them as a result of these rollover contributions.

¹ An unrelated rollover is generally one that is initiated by an employee and has its source in a plan maintained by a different employer. A related rollover generally comes from and goes to a plan of the same employer. Details of these rules are contained in Treasury regulations (Sec. 1.416-1). Please discuss them with your tax or legal advisor if you have any questions.

Please be sure the authorized signer for your plan is on record at MassMutual.

Authorized Plan Administrator's Signature

Date

Authorized Plan Administrator's Name (please print)

Mail the approved form and check to MassMutual using the following addresses. Please make the check payable to MassMutual, FBO your name, Social Security Number, and the Plan's ID Number.

Regular Mail Address:
MassMutual Retirement Services
P.O. Box 1583
Hartford, CT 06144-1583

Overnight Mail Address:
MassMutual Retirement Services
100 Bright Meadow Boulevard
Enfield, CT 06082

Good Order - "Good Order" means that all sections of the form are complete, the participant has provided their signature authorizing the transaction (if required) and the Plan Sponsor has provided their signature authorizing MassMutual to process the transaction requested on the form.

Rules for Rollovers - The amount you roll over must represent an eligible rollover distribution from certain types of eligible retirement plans and Traditional IRA's that are allowed as a rollover contribution into this Plan by your Plan Sponsor. Note for a Traditional IRA rollover only the amount that otherwise would have been taxable (had it been paid directly to the individual account owner and not rolled over) can be rolled over from a Traditional IRA into an eligible retirement plan. In determining the amount that can be rolled over from a Traditional IRA, all of the individual's Traditional IRA's are aggregated and the total taxable amount at the time of the rollover is the maximum that can be rolled over into a retirement plan. See your tax advisor for more information. Your Plan Administrator may ask you for documentation to prove the amount rolled into the Plan from a Traditional IRA is eligible.

As a result of recent tax law changes, it has become possible to transfer assets between different types of retirement plans in the form of a direct or indirect rollover. Please check with your current Plan Administrator to confirm the types of rollover contributions accepted by this Plan, as the Plan may restrict certain rollover types.

After-tax and Roth Rollovers - A rollover of traditional after-tax or Roth after-tax amounts generally can only be made to a defined contribution plan if it is processed as a 'direct rollover'. This means that the traditional after-tax or Roth after-tax amount could not have been paid to you and then rolled over, but must have been paid directly to this Plan. However, Roth taxable earnings can be rolled over even if the amount was paid directly to you. Also, if the rollover is from a Governmental 457(b) plan, or property (assets other than cash) was distributed, special requirements may apply and you should contact your tax advisor before initiating any rollover.

Indirect Rollovers - If this request represents an indirect rollover contribution (you have received this money from a prior eligible retirement plan or from a Traditional IRA as a check payable to you), you must have received the rollover distribution no more than 60 days before the date your rollover contribution is received by the Plan. However, this requirement can be waived in some hardship circumstances, in accordance with IRS guidance. See your tax advisor for more information.

Traditional IRA or Roth IRA Rollover - Nondeductible contribution rollovers or Roth rollovers cannot be made to this Plan from a Traditional or Roth IRA.

Investing Your Rollover - Before investing, consider the fund's investment objectives, risks, charges and expenses. For a prospectus containing this and other information, log on to your account and click on "Pricing and Performance," visit the fund company's website or call the fund company. Please read the prospectus carefully. You may change your investment elections at any time by accessing MassMutual's website or calling the Customer Service Center.

Stale Address - It is important that you notify us if you change your address. Going forward, your address may change in our records either at your or your employer's direction, or as a result of an address confirmation service provided under our agreement with your employer. Under this service, the addresses in our records are compared against and updated quarterly with addresses received from commercial address update services (e.g., the U.S. Postal Service). If your mail is returned to us or your employer tells us your address is incorrect, we are likely to suspend future mailings until a new address is obtained. Unless preempted by federal law, failure to give us a current address may also result in uncashed distributions from your participant account being considered abandoned property under state law, and remitted to the applicable state. To update your address, contact your Plan Administrator or, if permitted by your Plan, log in to our web site at www.massmutual.com/corp select the change address link under your personal settings.