Provider-to-Provider Account Transfer

457(b) and Governmental 401(a) Retirement Plans

Use this form if you want to

· transfer your account from another provider under your current Plan to your existing account at MassMutual Retirement Services ("MassMutual").

Do not use this form to:

• submit a rollover in. Complete a Rollover In/Plan-to-Plan Transfer In Form.

Questions?

Call

MassMutual's Customer Service Center 1-800-528-9009

• submit a plan-to-pla	нах 1-860-843-3280				
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.					Online retire.hartfordlife.com
Section A -	Plan Information	1			
Group No	Plan Name				
<u> </u>					
Section B -	Participant Infor	rmation			
SSN	Participant Name	-			
*Legal Address	I			I	
City		State	Zip Code	Daytime Phone Number	
Financial Advisor's Name			Financial Advisor's Phone Number		
Financial Advisor's Email					
*We will change your accordant as described under "Stale	ount information to reflect the Legal A Address" in the Important Information	ddress above and a	all future mailings will be sent to this a	address unless changed	by you or your Plan Administrator
	·				
Section C -	Transfer Informa	ation			
I hereby request a tra	ansfer to my	₹	ccount with MassMutual of: (Select one below)	
all amounts OI	R 🗆 \$	of my ex	isting 457(b) or 401	(a) account value.	
Transfer From:					
Provider			Ac	count Number	
Address			Pho	one Number	

GPROCESS/ GROLOVERIN

Section D - Payment Information		
For payments made by check, make check payable to: The Hartford FBO Employee Name Mail check and this form to: Regular Mail: MassMutual Retirement Services P.O. Box 1583 Hartford, CT 06144-1583	Social Security No. Overnight Mail: MassMutual Retirement Servi 1 Griffin Road North Windsor, CT 06095-1512	ces
For payments made by ACH or Wire, forward to: Mellon Bank Three Mellon Bank Center Pittsburgh, PA 15259-0001 Money Transfer Dept. ABA-043000261 Account No 1957963	Include the following information: Credit Hartford Life - RPSC FBO: Employee Name Social Security No. Employer Name	
Section E - Participant Authoriza I understand that if I am currently enrolled in the Plan, my tr investment elections unless Special Instructions are provide Special Instructions:	ransfer will be allocated among the investment of	options based upon my current
Participant Signature		_
Section F - Plan Administrator Au	ıthorization	
I authorize this transfer request to the participant's eligible of	deferred compensation or 401 retirement plan w	ith MassMutual.
Authorized Plan Administrator's Signature	Date	
Authorized Plan Administrator's Name (please print)		

Section G - Important Information

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

MassMutual - MassMutual Retirement Services (MMRS) is a division of Massachusetts Mutual Life Insurance Company (MassMutual) and affiliates.

Effective January 1, 2013, Massachusetts Mutual Life Insurance Company ("MassMutual") acquired The Hartford's Retirement Plans Group ("RPG") business. MassMutual has no affiliation, and the RPG business no longer has any affiliation, with The Hartford Financial Services Group, Inc. or any of its subsidiaries. MassMutual has been appointed by Hartford Life Insurance Company ("HLIC") to provide all administrative services necessary to support the insurance contracts issued by HLIC in connection with the RPG business.

The Hartford - "The Hartford" is Hartford Life Insurance Company and its affiliates.

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 website at retire. hartfordlife.com and select the "My Profile" tab at the top of the screen.