



# 403(b) Rollover In or Transfer/Exchange In Form Checklist

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## ***Participant Rollover-In or Transfer/Exchange-In Checklist***

***Use this checklist to expedite processing of your request.***

- Is the Prior Provider information complete with name and address on the form? ***(Note: Check with your Prior Provider to ensure you obtain their form processing address. We will mail your request to the address that you indicate on our forms regardless of any other address supplied to us.)***
- Is the Prior Provider's account number on the form? ***(Note: If there are multiple accounts, a completed form needs to be submitted for each account.)***
- Were all Prior Provider requirements met? ***(Check with your Prior Provider to determine what their requirements are for forms, signatures, etc. to avoid delay in processing.)***
- Does the Prior Provider require all original forms? ***(Note: Original forms can be mailed to the address listed in Section D of the "403(b) Rollover-In or Transfer/Exchange-In Form.")***
- Is this a Rollover OR a Transfer/Exchange? ***(Make sure you have selected either Rollover or Transfer/Exchange on the form, as we use one form for both purposes. Explanation of each can be found directly on the form.)***
- Did you submit your Enrollment paperwork? ***(MassMutual must receive a completed Enrollment Form in good order before we can process a Rollover-In/Exchange-In request.) Please remember to complete the following on the 403(b) Rollover-In or Transfer/Exchange-In Form:***
  - All of your personal information must be filled out correctly on the top of the form.
  - You must indicate the amount of your request on the form.
  - MassMutual must receive your request in good order within 90 days of the date you signed the form.



# 403(b) Rollover In or Transfer/Exchange In Form Instructions

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## 1. INFORMATION FOR ALL TRANSACTIONS:

- Complete one form for *each* account.
- Attach a current statement from your prior provider for the account intend to move.
- If applicable, documentation from the prior plan to evidence the amount of your designated Roth and/or After-tax contributions versus earnings (and the date of the first Roth contribution) must accompany the money, otherwise all amounts received will be recorded as pre-tax dollars.
- **Please check with your employer to determine if you need to have this transaction approved by your employer or authorized employer representative. This will expedite processing your request.**
- This form should not be used to transfer/exchange assets from one MassMutual product to another.
- We recommend that you ask your employer if your requested transaction is allowed under the Plan.

## 2. INFORMATION FOR TRANSFERS/EXCHANGES:

- If MassMutual **IS NOT** receiving payroll contributions under your employer's plan, refer to Section F (of this form) 403(b) Contract Transfer Representations, Warranties and Agreement. These additional requirements **WILL APPLY** and we will treat a transfer as an exchange when a transfer to a non-payroll slot vendor is requested. **Definition of a non-payroll slot vendor: A contract issued under a 403(b) plan by an issuer that does not receive contributions under the plan on or after January 1, 2009.**
- If MassMutual **IS** receiving payroll contributions under your employer's plan, Section F 403(b) Contract Transfer Representations, Warranties and Agreement **WILL NOT APPLY** and this will be considered a transfer. We will treat a transfer request to a payroll slot vendor as a change of investments. **Definition of a payroll slot vendor: A contract issued under a 403(b) plan by an issuer that receives contributions under the plan on or after January 1, 2009.**
- Please contact us for additional information on transfers/exchanges.

## 3. REPORTING FOR TRANSFERS/EXCHANGES:

The balance applied to your account as a result of moving your money will be recorded as "earnings" unless contribution source details are provided to MassMutual. We will record the following amounts as zero unless we receive documentation from your prior provider to support these amounts.

- Adjusted 12/31/86 account balance for purposes of exemption from Required Minimum Distributions
- Adjusted 12/31/88 account balance for purposes of exemption from restriction on distributions prior to age 59½
- Adjusted salary reduction contribution (no exchanges) since 12/31/88 for hardship distribution purposes
- Non-taxable defaulted loan repayments
- The amount of your designated Roth contributions versus earnings (and the date of the first Roth contribution)
- The amount of your After-tax contributions versus earnings

# 403(b) Rollover In or Transfer/Exchange In Form

Use this form if you want to:

- submit a rollover in.
- submit a transfer/exchange.

- You must already be enrolled in your Employer's Plan at MassMutual before submitting this form.

- Your current Plan Administrator will need to verify that you are eligible to make this transaction and that the amount to be rolled or transferred/exchanged into the Plan is eligible under the terms of the Plan and the Internal Revenue Code. See your Plan Administrator for more information. If the transaction is allowed and if you have not already done so, contact your prior Plan Administrator or IRA provider to initiate the distribution process.

- This form will be valid for 90 days from the date you signed the form.

**Questions?**

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

Fax  
877-526-2531 or  
800-678-8645

Online  
massmutual.com/serve

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	
Group No.	Plan Name

Section B - Participant Information			
SSN	Participant Name		Date of Birth
*Legal Address			
City	State	Zip Code	Daytime Phone Number
Financial Advisor's Name		Financial Advisor's Phone Number	
Financial Advisor's Email			

\*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 "State Address" in the *Important Information* Section. For your mailing address, provide either a street address or P.O. Box, not both. If you provide both, MassMutual will follow USPS Guidelines and use the PO Box as your mailing address

## Section C - Type of Request

Select one option:

- A ROLLOVER is funds moved from either:
  - Previous employer's 403(b), 401, or 457(b) plan, OR
  - Individual Retirement Account
  
- A TRANSFER/EXCHANGE is funds moved from your current employer who is the same employer that sponsors your MassMutual account.

**Section D - Rollover or Transfer/Exchange Request**

**ROLLOVER:**

I request that  all amounts OR  \$ \_\_\_\_\_ be liquidated from the retirement program indicated below and be credited to my 403(b) account at MassMutual. If I am sending a 60-day indirect rollover contribution directly to MassMutual, I have provided documentation of when this distribution occurred. The eligible rollover distribution is coming from an eligible retirement plan identified under Code section:

- 401 qualified plan (including 401(k) or 403(a) qualified annuity plans)
- 403(b) tax sheltered plan
- 408 IRA including simplified employee pension and simple retirement accounts
- Governmental 457(b) eligible deferred compensation plan sponsored by a governmental employer

**Rollover From:**

Provider	Account Number
Address	Phone Number

- If your contract includes a Roth Contributions feature, check here to indicate that designated Roth contributions will be included.  
Note that you cannot include Roth IRA amounts in this account.
- If your contract includes an After-tax Contributions feature, check here to indicate that After-tax contributions will be included.

**TRANSFER/EXCHANGE:**

I am electing to transfer or exchange a 403(b) Plan Benefit from one contract to another contract with the same employer. I understand that I must ensure that the amount of contributions and earnings being transferred are provided by the provider below.

I request a transfer or exchange of  all amounts OR  \$ \_\_\_\_\_ be transferred or exchanged from one contract to another contract with the same employer.

**Transfer From:**

Provider	Account Number
Address	Phone Number

- If your contract includes a Roth Contributions feature, check here to indicate that designated Roth contributions will be included.  
Note that you cannot include Roth IRA amounts in this account.
- If your contract includes an After-tax Contributions feature, check here to indicate that After-tax contributions will be included.

**MassMutual's Return Address:**

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

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

## Section E - Participant Authorization

I hereby agree to the terms and conditions stated in this form and certify that I am requesting a rollover or transfer/exchange of my retirement assets in accordance with applicable IRS and plan rules. Additionally, I understand that if I am currently enrolled in the Plan, my assets will be allocated among the investment options based upon my current investment elections unless Special Instructions are provided below to invest my rollover or transfer/exchange.

If this is a 60-day (indirect) rollover, I certify that this rollover is being completed within 60 days from receipt or, if it is over 60 days since my receipt of the distribution from the paying plan or financial institution, I have provided certification to the plan sponsor that the funds being rolled over qualify for a waiver from the 60-day requirement and that any self-certification letter required has been provided to the plan sponsor and a copy kept with my own tax records. (Participant should review the information in Section H if they are depositing an indirect rollover, which also refers to an IRS website with more detailed information).

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**Please check with your employer and prior provider to determine if you need to have this transaction approved by your employer or authorized employer representative. This will expedite processing your request.**

## Section F - 403(b) Contract Transfer Representations, Warranties, and Agreements

I, as a duly authorized representative of the Employer sponsoring this 403(b) Plan, represent and warrant the following:

1. this transfer is permitted by the Plan;
2. the distribution eligibility provisions under this contract are at least as restrictive as those imposed by the contract or custodial account to be exchanged and those of the Plan; and
3. the accumulated benefit in this contract or custodial account immediately after the transfer will be at least equal to the accumulated benefit in the contract or custodial account to be exchanged.

### INFORMATION SHARING AGREEMENT

For the Group Variable Annuity Contract or the Custodial Account and Group Fixed Annuity identified by the Group Number indicated which funds the Plan, the Employer and MassMutual respectively, agree to share information necessary to comply with the requirements of Internal Revenue Code §403(b) in accordance with Treasury Regulation §1.403(b)-10(b)(2) including information concerning the participant's employment status, information as to whether the hardship withdrawal rules are satisfied, information that takes into account other §403(b) contracts or qualified plans of the Employer, and information necessary to satisfy other tax requirements including the requirements applicable to participant loans.

## Section G - Employer or Authorized Employer Representative Signature

If MassMutual has been provided notice that a TPA or other third party is required to approve financial transactions, this request will be considered not in good order unless or until we obtain that approval. I certify the following:

**For transfers or exchanges:**

- The plan allows for transfers and/or exchanges.
- If MassMutual is not an approved provider, the plan agrees to the terms and conditions of the Information Sharing agreement set forth in Section F above.
- If MassMutual is an approved provider, Section F above does not apply.

**For rollovers:**

**Plans NOT subject to ERISA:** Consistent with Field Assistance Bulletin 2007-02, an employer may be required to certify to a provider a statement of facts within the employer's knowledge as employer. The plan is certifying that the individual identified above is eligible to affect a rollover into the plan.

**Plans subject to ERISA:**

- The plan is certifying that the individual identified above is eligible to affect a rollover into the plan.
- The authorized signature below certifies eligibility and acceptance of the rollover as instructed in this request.

I certify that the funds to be deposited constitute a valid rollover from a source or sources acceptable under the terms of the plan and that in the event these rollover funds constitute a '60-day' indirect rollover (i.e., the distribution was originally made payable to the 'participant' (which for these purposes includes the spousal beneficiary or alternate payee where the alternate payee was the spouse or former spouse of the participant who now wishes to rollover to a separate plan account), the participant has certified that the funds are being contributed within 60 days of receipt or the participant has provided information and signed certifications in accordance with IRS procedures that he either (1) qualifies for an 'automatic' waiver of the 60-day rollover requirement; (2) has requested and received a private letter ruling waiving the 60-day rollover requirement; (3) qualifies for and has used the self-certification procedure described in Revenue Procedure 2016-47 for a waiver of the 60-day requirement; or (4) qualifies for an extension of the rollover period pursuant to the provisions of the Tax Cuts and Jobs Act of 2017 regarding loan offset amounts. Note to Plan Sponsor: More information is available in Section H, Important Information under 'Indirect Rollovers' concerning waivers of the 60-day requirement under certain conditions or as subject to IRS determinations related to a private letter ruling. Please discuss with your own legal or tax advisors.

In the event that the participant qualifies for and has self-certified his qualification for a waiver of the 60-day requirement using the appropriate form of certification as outlined by the IRS and to the extent that such duties are applicable to the plan sponsor's fiduciary responsibilities, I, as plan administrator confirm that (1) have received the written and signed self-certification form, and provided a copy to, the participant and; (2) have no actual knowledge that is contrary to the participant's certification.<sup>1</sup> (There is also more information available in Section H of this form.)

\_\_\_\_\_  
Employer or Authorized Employer Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer or Authorized Employer Representative's Name (please print)

Your signature here may be required by the prior provider to expedite the release of the funds.

<sup>1</sup>Plan sponsors should keep the participant's signed self-certification and supply the participant with a copy for his records as the IRS may request evidence of the certification on audit. For more information about self-certification and other methods of requesting a waiver from the 60-day requirement please consult with your own legal advisor and *Revenue Procedure 2016-47* and access the IRS website at <https://www.irs.gov/retirement-plans/retirement-plans-faqs-relating-to-waivers-of-the-60-day-rollover-requirement#2>. There is also more information available in Section H of this form.

## Section H - 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).

**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 [massmutual.com/serve](http://massmutual.com/serve) and select the "My Profile" tab at the top of the screen.

**Indirect Rollovers** - If this request to rollover is for a '60-day' indirect rollover (i.e., the distribution was originally made payable to the 'participant', which for these purposes includes the spousal beneficiary after the death of the participant or alternate payee where the alternate payee was the spouse or former spouse of the participant who now wishes to rollover to a separate plan account), the rollover must be made within 60 days of the participant's receipt of the funds.

If it is too late to make the rollover within 60 days of receipt of the participant's funds, then there generally are four ways by which a participant can qualify for a waiver of this 60-day timing requirement:

1. An automatic waiver of the 60-day rollover requirement (as described in *Revenue Procedure 2003-16*)
2. A private letter ruling waiving the 60-day rollover requirement due to an acceptable hardship exception (as described in *Revenue Procedure 2003-16*)
3. Qualify and use the self-certification procedure for a waiver of the 60-day requirement (as described in *Revenue Procedure 2016-47*).
4. An extension of the rollover period pursuant to the provisions of the Tax Cuts and Jobs Act of 2017, the rollover amount equals a qualified plan loan offset amount (**for which "qualified plan loan offset amount" is defined as an amount treated as distributed to the participant solely by reason of (i) the termination of a qualified retirement plan or (ii) the failure to meet the plan loan repayment terms due to the participant's severance from employment**) AND the transfer of the rollover amount is being made prior to the participant's due date (including extensions) for filing his/her tax return for the taxable year in which such qualified plan loan offset amount was treated as distributed from a qualified employer plan.

These methods for waivers are described in more detail below. These should also be discussed with your legal or tax advisor.

**Automatic Waiver.** To satisfy the 'automatic waiver' requirements, the participant must generally show that the financial institution which received the funds received them before the end of the 60-day period, he must have followed all the procedures set by the financial institution for depositing the funds into the recipient plan or IRA, the funds were not deposited within 60 days because the financial institution made an error, the funds are deposited within one year from the beginning of the 60-day rollover period, and it would have been a valid 60-day rollover transaction if the financial institution had deposited the funds as instructed.

**Private Letter Ruling.** To qualify for a private letter ruling issued by the IRS to waive the 60-day rollover requirement, the participant must apply for a ruling from the IRS in accordance with formal procedures. These procedures are described in *Revenue Procedure 2016-4* and *Revenue Procedure 2003-16*, and the fees associated with filing for a Ruling are described in *Revenue Procedure 2016-8*. In general, the Treasury Secretary could waive the 60-day requirement "where the failure to waive such requirement would be against equity or good conscience, including casualty, disaster, or other events beyond the reasonable control of the individual subject to such requirement." There is a fee for the letter request

**Self-Certification Procedure.** Under the self-certification procedure, the participant can complete a standard letter (such as the Model Letter provided by the IRS for this purpose or one that is substantially similar). In this letter, the participant certifies that he missed the 60-day deadline for one of 11 IRS-provided reasons, including an error created by the distributing financial institution, misplaced check, damage to the principal residence, or the illness or death of a family member. The participant must also certify that he is making the rollover deposit as soon as practicable after the reason or reasons no longer prevented him from making the contribution (this requirement is deemed to be satisfied if the contribution is made within 30 days after the reason(s) no longer prevent the taxpayer from making the contribution), and that the representations that the participant is making are true, the IRS has not previously denied a request for a waiver of the 60-day rollover with respect to the same funds, and that the participant's certification may be relied on by the plan administrator unless the plan administrator has actual knowledge to the contrary.

## Section H - Important Information

The plan sponsor websites have such a sample standard letter entitled 'Plan Participant Self-Certification for Late Rollover Contribution' which can be used to make this certification. It is in the 'administrative forms' section of the website. The original copy of this sample letter should be signed by the participant and the original should be kept with the plan sponsor's records, with a copy held by the participant with his tax records. (MassMutual does not need to see this sample standard letter or obtain a copy of it when the rollover is being made to a qualified retirement plan).

**Extension of Rollover Period for Qualified Plan Loan Offset Amounts.** To satisfy the "extension" requirements pertaining to indirect rollovers of qualified plan loan offset amounts, the participant must generally show that an amount equal to the rollover was treated as distributed to the participant by a qualified plan loan solely by reason of (i) the termination of a qualified retirement plan or (ii) the failure to meet the plan loan repayment terms due to the participant's severance from employment) and the transfer of the rollover amount is being made prior to the participant's due date (including extensions) for filing his/her tax return for the taxable year in which such qualified plan loan offset amount was treated as distributed from a qualified employer plan.

Participants and the Plan Sponsor should consult with their own legal advisors for more information concerning these waivers. They may also obtain more detailed information by visiting the following IRS website: <https://www.irs.gov/retirement-plans/retirement-plans-faqs-relating-to-waivers-of-the-60-day-rollover-requirement#2> Please note that this information is as of December 31, 2016 and that plan sponsors and participants may obtain more current information on the IRS website and/or through their own legal/tax advisors.