



Iron Workers St. Louis District Council Annuity Trust Fund
DIRECT ROLLOVER STATEMENT

Account Number **60691-1-1-0**

Direct rollover – This form provides for the transfer of assets from one qualified retirement plan or IRA directly to another qualified retirement plan or IRA. Your distribution will be made payable directly to your new account for your benefit. No taxes will be withheld from your rollover amount.

Section A: PARTICIPANT INFORMATION (Participant Completes)

Name: _____
first middle last

Address: _____
street
city state zip

Telephone No: _____ E-mail Address: _____

Birth Date: _____ Date of Hire: _____
mm/dd/yyyy mm/dd/yyyy

Social Security No. _____ Marital Status: ☐ Married ☐ Not Married or Legally Separated

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

Section B: TAX INFORMATION (Participant Completes) - applies to assets other than a Roth Account

(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.)

NOTE: If this section is incomplete, all amounts received will be considered pre-tax contributions and earnings. Information provided by a prior institution on a check stub will override any information provided below.

Name of **Prior** Plan _____

Name of **Prior** Financial Institution _____

Total Amount of Rollover: \$ _____

- ☐ Rollover includes Pre-tax Contributions and Earnings
☐ Rollover includes After-tax Contributions (basis and earnings required)
Participant After-tax Contributions (basis*) Amount \$ _____
Participant After-tax Earnings Amount \$ _____

Note: Participant after-tax contributions can only be included in a direct rollover from a qualified plan under Code Section 401(a)

**Basis represents the amount of accumulated contributions that have already been taxed. Contact your prior provider or refer to the distribution confirmation received from your prior provider for this amount.*

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MassMutual, PO Box 219062, Kansas City MO 64121-9062
For Overnight Mail: MassMutual, 430 W 7th St, Kansas City MO 64105

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RS-42603-01 EXP 12/01/2019

Section C: INVESTMENT SELECTION (Participant Completes)

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 RetireSMARTSM participant website at www.retiresmart.com. 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.

- ☐ **FOR PARTICIPANTS ONLY:** The Rollover contributions will be invested in the same manner as All Contributions . Do not enter your investment selection below.
- ☐ **FOR NON-PARTICIPANTS ONLY:** Please set up an account and invest my Rollover contributions as follows:

Note: If you do not make investment selections, if the selections are incomplete, or if the percentages listed do not total 100%, the entire rollover amount will be invested in your current investment selections. If you do not have investment selections on file, the rollover will be invested in the Plan's default investment option(s).

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)

<u>Fund</u>	<u>Rollover Contribution</u>	<u>Fund</u>	<u>Rollover Contribution</u>
AmerFunds EuroPacific Gr Fund	_____ %	T. Rowe Price Retirmnt 2025 Fd	_____ %
American Funds Fndmntl Invs Fd	_____ %	T. Rowe Price Retirmnt 2030 Fd	_____ %
DFA US Targeted Value Fund	_____ %	T. Rowe Price Retirmnt 2035 Fd	_____ %
Fixed Interest Fund	_____ %	T. Rowe Price Retirmnt 2040 Fd	_____ %
IWSLDC Annuity Fund	_____ %	T. Rowe Price Retirmnt 2045 Fd	_____ %
MM S&P 500 Index Fd(Nrthr Tr)	_____ %	T. Rowe Price Retirmnt 2050 Fd	_____ %
MM S&P Md Cp Indx Fd (Nrtn Tr)	_____ %	T. Rowe Price Retirmnt 2055 Fd	_____ %
Invesco Discover Fund	_____ %	T. Rowe Price Retirmnt Bal Fd	_____ %
PGIM Jennsn Ntrl Rsrce Fd	_____ %	Vanguard Growth Index Fund	_____ %
PIMCO Real Return Fund	_____ %		
Sel Md Cp Gr Fd (TRP/Frontier)	_____ %		
Sel MetWest Total Rtrn Bnd Fd	_____ %		
T. Rowe Price Retirmnt 2005 Fd	_____ %		
T. Rowe Price Retirmnt 2010 Fd	_____ %		
T. Rowe Price Retirmnt 2015 Fd	_____ %		
T. Rowe Price Retirmnt 2020 Fd	_____ %		

(TOTAL PERCENTAGES MUST EQUAL 100%)

Section D: SIGNATURES (Both Participant and Plan Administrator Complete)

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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MassMutual, PO Box 219062, Kansas City MO 64121-9062
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Instructions to Complete Direct Rollover Statement

- ✓ Read through these instructions before completing this request
- ✓ If you have NOT started the Rollover process, please contact the Concierge Roll-In Team at 1-888-526-6905 between 8:00 AM and 8:00 PM EST Monday through Friday for assistance with the Rollover process
- ✓ If you have started the Rollover process and have questions while completing this request, please contact the Participant Information Center at 1-800-743-5274 between 8:00 AM and 8:00 PM EST Monday through Friday
- ✓ Incomplete or illegible forms may delay processing of your request
- ✓ When submitting the form, do not include these instructions

Use this form for direct rollovers only. For indirect rollovers, the form can be found on www.retiresmart.com under Forms

Section A: Participant Information

To be completed by the Participant

- ☐ Did you fill out the participant information completely?
- ☐ Is it legible?

Section B: Tax Information

To be completed by the Participant

NOTE: If you are unsure of the tax breakdown of the funds, please consult your prior financial provider before completely the form.

Important Definitions:

Prior Provider: where your assets were previously held prior to this Rollover

Pre-Tax Contributions: assets deducted from your gross wage before taxes

After-Tax Contributions: assets that have already been subject to income tax

After-tax contributions can only be included in a direct rollover from a qualified plan and cannot be rolled over to a 457(b) plan

Earnings: income earned from your contributions

Roth Contributions: assets funded with after-tax money. Distributions and earnings are tax-free provided the contributions have been invested for at least 5 years and you have reached age 59½

- ☐ Did you fill out your rollover funds' taxability?
- ☐ If required, did you consult with your Plan Administrator to confirm which types of money are allowed to be rolled over?

Section C: Investment Selection

To be completed by the Participant

- ☐ Did you review the instructions on the Direct Rollover Statement to confirm you selected an Investment Selection allowed by your plan?
- ☐ Did you select an Investment Option on the Direct Rollover Statement?

Section D: Signatures

To be completed by BOTH the Participant and the Plan Administrator

- ☐ Did you (the participant) sign and date the form?
- ☐ Did you (the participant) provide the form to your Plan Administrator?
- ☐ Did you (the Plan Administrator) sign the form and return the completed form to MassMutual?

After you complete your Direct Rollover Statement:

Payment Information

If you are enclosing a check with your Direct Rollover Statement: Check made payable to Reliance Trust Company. Include the employee's social security number and the new plan's account number on the check.

If a wire or check is being sent separately: sent to Reliance Trust Company by the Prior Plan

NOTE: Please provide a completed Direct Rollover Request form to your Prior Plan Administrator for wiring and/or mailing instructions

Mailing Information

After you have completed this Direct Rollover Statement, please submit the form in one of the following ways:

Mailing Address:

MassMutual
PO Box 219062
Kansas City, MO 64121-9062
OR

Overnight Mail:

MassMutual
430 W7th St
Kansas City, MO 64105
OR

Email:

RSCSOProcessing@massmutual.com