Pipe Fitters' Association
Local Union 597, U.A. 401(k) Plan
45 N. Ogden Avenue, Chicago, IL 60607
Phone: 312-633-0597 ♦ Fax: 312-829-9796 ♦ www.pf597.org

ROLLOVER STATEMENT

Account Number: **51069-1-1**

Member's Name ______________________________
First | Middle Initial | Last
Social Security Number | Local 597 Union Card Number

Address ______________________________
Street | City | State | Zip Code

Phone Number ______________________________
Birth Date: ______________ Marital Status: ☐ Married ☐ Single or Legally Separated
E-Mail Address ______________________________

Your Rollover Contribution will be invested in the same manner as your regular contributions to the Plan.

ROLLOVER INFORMATION

Check must be made Payable to MassMutual and attached to this form.

Name of Prior Plan ______________________________

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

[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)]

I certify that to the best of my knowledge, the funds being rolled over consist entirely of a distribution from the type of Plan checked below:

☐ An employer retirement plan qualified under Code Section 401(a).
☐ A custodial account or tax-sheltered annuity qualified under Code Section 403(b).
☐ A governmental plan qualified under Code Section 457(b).
☐ Eligible rollover amounts from IRA are described in Code Section 408 (a) and 408(b).

Member Signature ______________________________ Date

SUPPORTING DOCUMENTS

Please provide the following documentation with this form:

1. The Plan Administrator or Custodian of your Prior Plan must complete the certification below.
2. Evidence of the date of Distribution from your Prior Plan, if the funds are not coming directly from your Prior Plan.

CERTIFICATION OF PRIOR PLAN ADMINISTRATOR

I, as Plan Administrator or Custodian of the above Plan, certify that the above Plan is intended to satisfy the requirements of Internal Revenue Code Section ☐ 401(a) ☐ 403(b) ☐ 457(b) or ☐ 408(a) and 408(b) and that the Administrator is unaware of any Plan provision or operation that would disqualify the Plan.

____
Signature of Prior Plan Administrator or Custodian Date

Please return to:

MassMutual
Retirement Services N405
1295 State Street
Springfield, MA 01111-0001