

***Pipefitters Association Local 597, U.A. 401(k) Plan
ROLLOVER STATEMENT***

Account Number: **SF 51069- 1 – 1** Subset No. _____

Name: _____
first middle last

Address: _____
street

city state zip

Telephone No: _____ E-mail Address: _____

Birth Date: _____ Marital Status: Married Not Married or Legally Separated
mm/dd/yyyy

Social Security No. _____

**Your Rollover Contribution will be invested in the same manner as your regular contributions to the Plan.
 All checks must be made Payable to MassMutual and attached to this form.**

ROLLOVER INFORMATION *(applies to assets other than a Roth Account)*

Name of Prior Plan: _____

Amount of Rollover:	Taxable portion (include investment income)	\$ _____
	Nontaxable (e.g., participant after-tax contribution)	\$ _____
	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)]

ROTH ROLLOVER INFORMATION

Name of Prior Plan: _____

Amount of Rollover:	Roth Contributions (basis*)	\$ _____
	Roth Earnings	\$ _____
	Total Rollover	\$ _____

**Basis represents the amount of accumulated contributions that have already been taxed.
 [Note: Roth Contributions can only be rolled over as part of a direct rollover from a Roth plan and rolled into a plan that accepts Roth money. Roth IRA Contributions cannot be rolled over into a Roth plan.]*

Roth Rollover Information: Complete only one.

- This is a Roth qualified distribution (I am at least 59 ½, or the distribution is the result of death or disability **and** the required 5-taxable-year period was satisfied.)
- The Roth contribution start date is: _____ (Enter first taxable year in which Roth contributions were made or based upon a previous rollover contribution, if earlier).

CERTIFICATION INFORMATION

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 IRAs described in 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; and
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 the 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
P.O. Box 219062
Kansas City, MO 64121-9062