Contra Costa County Deferred Compensation Plan
ROLLOVER REQUEST FORM

Account Number: **61279-1-1**

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

ROLLOVER INFORMATION

Name of **Prior** Plan _____

Amount of Rollover Contribution: Pre-tax Contributions and Earnings $_____

Be sure to enter all earnings on the Pre-tax Contributions and Earnings line. Contributions and earnings will remain untaxed until they are distributed.

I certify that to the best of my knowledge, the funds being rolled over consist entirely of an eligible rollover distribution from one of the following types of Plans:

- An employer retirement plan qualified under Code Section 401(a) (e.g. defined contribution plans such as 401(k), profit sharing, money purchase, and target benefit plans; defined benefit plan)
- A qualified annuity plan under Code Section 403(a)
- A custodial account or tax-sheltered annuity qualified under Code section 403(b)
- A governmental plan qualified under Code Section 457(b)
- Pre-tax rollover amounts from traditional or conduit IRAs qualified under Code Section 408(a) and 408(b)

I certify that this distribution is not (a) one of a series of substantially equal payments over my life or single life expectancy or the joint life expectancies of myself and my designated beneficiary; (b) one of a series of installment payments payable over 10 years or more; (c) all or part of a required minimum distribution; (d) a distribution due to a financial hardship; (e) a return of any excess deferrals, excess contributions, excess aggregate contributions or excess annual additions made to the plan; (f) a deemed distribution due to a loan default; or (g) a death benefit paid to a non-spouse beneficiary. I certify that this rollover is being accomplished within 60 days of my receipt of the distribution from my former employer's qualified plan or my IRA.

I hereby authorize MassMutual to contact me, the Financial Institution Representative, or Plan Administrator listed on this form if they have any questions or require further documentation to process this rollover transaction.

Reset

_____ _____
Employee Signature Date

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

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

PLAN ADMINISTRATOR / IRA TRUSTEE CERTIFICATION

Certification by IRA Institution for direct and indirect rollovers; Certification by Prior Employer's Plan Administrator for indirect rollovers

This section must be completed by the trustee (or custodian) of the traditional IRA or by the administrator of the eligible employer plan from which the distribution was distributed.

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 or IRA must be provided if the funds are not coming directly from your Prior Plan or IRA, e.g. copy of the original distribution confirmation statement or check stub.

Certification of Prior Plan Administrator or IRA Trustee/Custodian

I, as the Plan Administrator or Trustee/Custodian of the above Plan or IRA, certify that the funds have been distributed from an eligible retirement plan intended to satisfy the requirements of Internal Revenue Code Section ☐ 401(a) ☐ 403(a) ☐ 403(b) ☐ 457(b) or ☐ IRA qualified under 408(a) and 408(b). I am unaware of any Plan provision or operation that would disqualify the Plan.

Typed or printed name of Financial Institution Representative or prior Plan Administrator

Signature of Prior Plan Administrator or Trustee/Custodian

Date

Name of Institution

Contact Phone Number

Address

INVESTMENT SELECTION (Check one box only)

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 RetireSMART[SM] participant website at www.massmutual.com/retire. You also may contact our Participant Information Center at 1-800-743-5274 between 8:00 am and 8:00 pm 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 within five days of receipt of rollover contributions, the rollover will be invested in the Plan's default investment selection.

(ENTER WHOLE PERCENTAGES; 1% MINIMUM IN INVESTMENTS SELECTED; MULTIPLES OF 1% THEREAFTER)

Fund	Rollover Contribution	Fund	Rollover Contribution
Guaranteed Int Acct (61279)	_____ %	American Century Value Fund	_____ %
Vanguard Prime Money Market Fund	_____ %	American Century Equity Income Fund	_____ %
PIMCO Total Return Fund	_____ %	Hartford Dividend & Growth HLS Fund	_____ %
PIMCO Real Return Fund	_____ %	Davis New York Venture Fund	_____ %
Loomis Sayles Bond Fund	_____ %	Vanguard Total Stock Market Index Fund	_____ %
Invesco Equity and Income Fund	_____ %	Vanguard Institutional Index Fund	_____ %
Vanguard Target Retirement Income Fund	_____ %	Hartford Capital Appreciation HLS Fund	_____ %
Vanguard Target Retirement 2010 Fund	_____ %	Calvert Equity Portfolio Fund	_____ %
Vanguard Target Retirement 2015 Fund	_____ %	Highland Premier Growth Equity Fund	_____ %
Vanguard Target Retirement 2020 Fund	_____ %	American Funds Growth Fund of America	_____ %
Vanguard Target Retirement 2025 Fund	_____ %	T. Rowe Price Growth Stock Fund	_____ %
Vanguard Target Retirement 2030 Fund	_____ %	Invesco American Franchise Fund	_____ %
Vanguard Target Retirement 2035 Fund	_____ %	Hotchkis and Wiley Mid Cap Value Fund	_____ %
Vanguard Target Retirement 2040 Fund	_____ %	Vanguard Mid Capitalization Index Fund	_____ %
Vanguard Target Retirement 2045 Fund	_____ %	Artisan Mid Cap Fund	_____ %
Vanguard Target Retirement 2050 Fund	_____ %	Hartford MidCap HLS Fund	_____ %
Vanguard Target Retirement 2055 Fund	_____ %	American Century Small Cap Value Fund	_____ %
Vanguard Target Retirement 2060 Fund	_____ %	Keeley Small Cap Value Fund	_____ %

(TOTAL PERCENTAGES MUST EQUAL 100%)

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