



ROLLOVER IN FORM
SEAFARERS INTERNATIONAL UNION, AGLIWD 401(K) PLAN- MR 60169

- This form is used to accept rollovers from another employer’s Qualified Plan or from a conduit Individual Retirement Account (“IRA”).
- If you have not already done so, you must complete a Beneficiary Designation Form.

1. PARTICIPANT INFORMATION

Last _____ First _____ Middle _____ Date of Birth ____/____/____

Street _____ City _____ State _____ Zip _____

SSN ____/____/____ Marital Status: Single Today Date ____/____/____

2. ROLLOVER CONTRIBUTION AMOUNT (check one)

You may request a rollover into the Plan of any amount that is an “eligible rollover distribution,” as described in the tax notice regarding plan payments that should have been provided to you when you received a distribution from your prior employer’s plan. Certain distributions – for example, installment payments that are part of a series running for 10 years or more, certain “hardship” distributions, or “minimum required distributions” after you reach age 70 ½ - are not eligible for rollover into the Plan.

I request that the Plan accept a rollover contribution from my previous employer’s qualified plan, IRA or my conduit IRA. (A “conduit IRA” is an IRA that contains only amounts rolled over from a previous employer’s qualified plan, plus earnings on those amounts.) I certify that my rollover contribution will be paid from the following sources (check one or more, as applicable):

- A direct transfer from my prior employer’s qualified plan, IRA or my conduit IRA, in the amount of (enter approximate amount):
\$ _____
- A check from my previous employer’s qualified plan, made payable to State Street Bank & Trust Company FBO “your name”.
- Since the distribution was paid directly to me, I have attached a Cashiers Check or Money Oder payable to State Street Bank & Trust Company, FBO “your name”. I understand I have the option to include (or not to include) in this check the amount of any taxes withheld plus any outstanding loan balance deducted from the original distribution, in order to maximize the amount rolled over and to avoid any portion of this contribution being considered taxable to me. The distribution was rolled over within 60 days of receiving the distribution(s) from my previous employer’s qualified Plan(s).
- This rollover is from a Conduit IRA. I have placed no additional money into the Conduit IRA other than the rollover contribution(s). A check made payable to State Street Bank & Trust Company FBO “your name”.

I certify that the amount of \$ _____ of my eligible rollover distribution is from non-taxable (after-tax) contributions made to my prior employer’s plan. Pre Tax Contribution Roth Contribution

3. INVESTMENT OF YOUR CONTRIBUTION

If you have a balance in the Plan, your rollover contribution will be invested based on your current investment election on file for future contributions. If you do not have a current balance in the Plan, your rollover contribution will be placed 100% into the American Funds Balance Option. Once your rollover has been deposited in the Plan you may make an investment election to transfer these monies to other investment fund options on the website or over the telephone at any time.

4. PARTICIPANT SIGNATURE

I certify that this rollover represents taxable monies originating from a previous employer’s qualified plan or conduit IRA, and non-taxable contributions if applicable. I additionally certify that the information in this form is complete and accurate.

Signature of Participant _____
Date

Send the completed form along with the check to MassMutual:

MassMutual, Attention N125
1295 State Street,
Springfield, MA 01111

