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MassMutual

457(b)/401(a) PROVIDER-TO-PROVIDER TRANSFER IN

Governmental Plan

Transfer from an account at another investment provider to MassMutual under the Plan listed below

Account Number **61953-1-**

Plan Name **State of South Carolina State Optional Retirement Program**

Participant's Name _____
first middle last

Participant's Address _____
street

_____
city state zip

Social Security No. _____

Daytime Telephone #: _____ E-mail Address: _____

TRANSFER INSTRUCTIONS

I hereby request a transfer of the amount indicated below from my account at one of the investment providers available under my employer's 457(b)/401(a) Plan to my 457(b)/401(a) Plan account with the Massachusetts Mutual Life Insurance Company (MassMutual). I understand that the investment provider that I am requesting the transfer from may require their own form for completion prior to executing the transfer.

Amount of Transfer: Check one:
■ Full Account Balance or ☐ Partial Account Balance: Amount to Transfer: $_____

Make Check payable to: Reliance Trust Company
FBO: Participant Name _____
Account Number: _____
Plan Name: **State of South Carolina State Optional Retirement Program**

The transfer will be allocated among the investment options based upon your existing account investment elections with MassMutual.

Transfer From:

MetLife c/o FASCore, LLC _____
Provider *Account Number*

PO Box 173768, Denver, CO 80217-3768 800-543-2520
Address *Phone No.*

PARTICIPANT SIGNATURE

I am a Participant in the governmental 457(b)/401(a) plan named above and want to transfer the amount indicated to MassMutual. This transfer is intended to qualify as a federal income tax-free direct transfer.

_____ _____
Participant Signature Date

457(b)/401(a) PLAN ADMINISTRATOR

I authorize the above requested Provider-to-Provider Transfer of the Participant's 457(b)/401(a) Plan account balance as indicated above. I certify that the Plan allows for Provider-to-Provider transfers.

Not required _____
Plan Administrator Signature Date

Mail this completed form and your check to MassMutual at the address listed below or fax the form to 816-701-8005 and mail your check separately.
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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