

NECA-IBEW Memphis Retirement Plan & Trust
ROLLOVER STATEMENT

Account Number 60336-1-1-0

Name: _____
 first middle last

Address: _____
 street
 _____ city state zip

Social Security No. _____ Telephone # or
E-mail Address: _____

Birth Date: _____ Date of Hire: _____
 mm/dd/yyyy mm/dd/yyyy

Marital Status: Married Not Married or Legally Separated

Payroll Frequency: monthly (12/yr) semi-monthly (24/yr) bi-weekly (26/yr) weekly (52/yr)

ROLLOVER INFORMATION Consult your Plan Administrator as to what types of money are allowed to be rolled over. If the balance that you want to roll over consists of a Roth account, a separate Rollover Form is required.

Name of Prior Plan: _____

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

Be sure to enter all earnings, including those associated with after-tax contributions, on the "Taxable portion" line. Contributions and earnings on the "Taxable portion" will remain untaxed until they are distributed.

[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).]

PAYMENT INFORMATION

Payment: Check attached made payable to State Street Bank. Include the employee's social security number and the new plan's account number on the check.

Wire or Check sent separately to State Street Bank by the Prior Plan.

[Provide a completed Direct Rollover Request form to your Prior Plan Administrator for wiring or mailing instructions.]

INVESTMENT SELECTION

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 JourneySM web site at www.massmutual.com/retire. You also may contact our Participant Information Center at 1-800-743-5274 between 8:00 a.m. and 8:00 p.m. ET, Monday through Friday, to request a prospectus.

The Rollover Contributions will be invested in a separate manner from other contributions to the Plan. Please enter your investment selection below. 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. Also Note, if you are currently invested in a CustomChoice Strategy and you change your investments, you will no longer be invested in the strategy.

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

<u>Fund</u>	<u>Rollover Contribution</u>	<u>Fund</u>	<u>Rollover Contribution</u>
AllianzGI NFJ Dividend Val Fd	_____ %	Thornburg Intl Value Fund	_____ %
American Funds New Prspctve Fd	_____ %		
AllianzGI NFJ Small Cap Val Fd	_____ %		
TCW Small Cap Growth Fund	_____ %		
Vanguard Target Rtrmnt 2020 Fd	_____ %		
Vanguard Target Rtrmnt 2010 Fd	_____ %		
Vanguard Target Rtrmnt 2030 Fd	_____ %		
Vanguard Target Rtrmnt 2040 Fd	_____ %		
Vanguard Target Rtrmnt 2050 Fd	_____ %		
Vanguard Target Rtrmnt Incm Fd	_____ %		
SF Guaranteed	_____ %		
Victory Diversified Stock Fund	_____ %		
Vanguard Totl Bnd Mrkt Indx Fd	_____ %		
Vanguard Mid Cap Index Fund	_____ %		
Vanguard 500 Index Fund	_____ %		
Vanguard Infl-Protectd Secs Fd	_____ %		
Delaware US Growth Fund	_____ %		
Vanguard Target Rtrmnt 2060 Fd	_____ %		

(TOTAL PERCENTAGES MUST EQUAL 100%)

SIGNATURES

I certify that, to the best of my knowledge, the funds being rolled over consist entirely of an eligible rollover distribution from either a 401(a) qualified plan, 403(a) qualified annuity plan, 403(b) tax-sheltered retirement plan, traditional IRA, or 457(b) governmental plan.

Participant

_____/_____/_____
Date

I, the plan administrator, certify, to the best of my knowledge, the above information is correct.

Plan Administrator

_____/_____/_____
Date

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COMPLETE BOTH PAGES

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