

HRSA-ILA Annuity & Savings Plan INVESTMENT TRANSFER

This form is used when existing members request the transfer or rebalance of investments.

Account Number **51506**

Participant's Name _____
first middle last

Social Security No. _____

TRANSFER OPTIONS

Note: Requests made on this form apply to all contributions within the account. Account balance transfers requests processed by MassMutual on a business day before 4pm Eastern Time will be processed using the value as of the close of the stock market on that day. Transfers requests processed by MassMutual after 4pm Eastern Time, or on a weekend or holiday, will be processed using the value as of the close of the stock market on the following business day. Account balance transfers are subject to certain limitations designed to discourage short-term trading strategies that are inconsistent with sound retirement planning. Refer to MassMutual's Excessive Trading Policy for details.

Enter Whole Percentages; 1% minimum in investments selected; multiples of 1% thereafter.

I elect to change my contributions into the plan to reflect the following investment selection:

- Check one: Change future contributions **ONLY**
 Change future contributions **AND** rebalance my existing account balance
 Change future contributions **AND** rebalance my existing account balance quarterly using Cruise ControlSM * (see definition of Cruise Control, below)

All Contributions

SF Guaranteed	_____ %	Sel Indexd Eqty (Northrn Trst)	_____ %
Prm Core Bond (Babson)	_____ %	Sel Blue Chip Growth (T.Rowe Price)	_____ %
Conservative Journey	_____ %	Sel Aggressive Growth (Sands/Delaware)	_____ %
Moderate Journey	_____ %	Prm Small Co Opprty (OFI Inst)	_____ %
Aggressive Journey	_____ %	Sel Emerging Growth (Insght/Essex)	_____ %
Ultra Aggressive Journey	_____ %	Sel Focused Value (Harris/C&B)	_____ %
Sel Strat Bal (JPMrgn/Wstn)	_____ %	Sel Mid Cap Growth II (Price/Frontier)	_____ %
Sel Large Cap Value (Davis)	_____ %	Premier Global (OFI)	_____ %
Small Cap Value (Van Kampen)	_____ %	International Value (Thornburg)	_____ %

(PERCENTAGES MUST TOTAL 100%)

***Cruise ControlSM** Periodically rebalances your existing and future account balances to this investment strategy stated above. Transfers initiated by Cruise Control will be posted at the time this form is processed and subsequent rebalances will occur **Quarterly** based on the date on which you elect to use the Cruise Control feature.

If you would like to make further changes to your account, not displayed on this form, such as transferring a set percent of your current balance please log into The Journey at <https://www.massmutual.com/journey/> or contact a representative by calling the FLASH Line at 1-800-743-5274. Representatives are available Monday through Friday between the hours of 8 am to 8pm EST.

SIGNATURE

Participant

_____/_____/_____
Date

Form A&S-4