

Incoming Direct Rollover Election

Do not complete the Investment Option Information portion of this form if you elected to have your account professionally managed by Empower Advisory Group, LLC ("EAG").

HRSA-ILA Annuity & Savings Plan

780333-01

Participant Information

Last Name			First Name			MI			Social Security Number								
(The name provided MUST match the name on file with Service Provider.)																	
Address - Number & Street																	
City				State				Zip Code				E-Mail Address					
()				Daytime Phone				Mo		Day		Year		Date of Birth			

Direct Rollover Information

Current Plan Administrator must authorize by signing in the Required Signatures section.

Previous Plan Administrator must sign this form if Designated Roth Account is being directly rolled over.

I am choosing a:

- ☐ Direct rollover from a:
- ☐ Qualified 401(a) plan (Profit Sharing, ESOP or Money Purchase)
 - ☐ Qualified 401(k) plan
 - ☐ Non-Roth: \$ (all contributions and earnings, excluding Roth contributions and earnings)
 - ☐ Roth: \$ (employee contributions and earnings)

Previous Provider Information:

Company Name						Account Number					
Mailing Address											
City/State/Zip Code						() Phone Number					

Previous provider must complete:

Employer/employee before-tax contributions and earnings: \$

After-tax contributions, if any: \$

Note: Unless otherwise indicated, all amounts received will be considered employee before-tax contributions and earnings.

Previous Plan Administrator must provide the following information for Designated Roth Account Rollovers:

Roth first contribution date:

Roth contributions (no earnings): \$ Roth earnings: \$

Previous Plan Authorized Plan Administrator/Trustee Signature Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

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Amount of Direct Rollover: \$ _____ (Enter approximate amount if exact amount is not known.)

Investment Option Information - Please refer to your marketing communication materials for investment option designations.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

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Select either existing ongoing allocations (A) or your own investment options (B).

(A) Existing Ongoing Allocations

☐ I wish to allocate this rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options

Please Note: For automatic dollar-cost averaging, access our Web site after funds have been received.

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
T. Rowe Price Retirement 2060 SA.....	N/A	S4818F	_____	MassMutual Small Cap Opps Adm.....	N/A	S7122F	_____
T. Rowe Price Retirement 2055 SA.....	N/A	S2881C	_____	MassMutual Small Cap Gr Eq Adm.....	N/A	S6962F	_____
T. Rowe Price Retirement 2050 SA.....	N/A	S2898C	_____	American Century Mid Cap Value Inv.....	N/A	S9212D	_____
T. Rowe Price Retirement 2045 SA.....	N/A	S2869C	_____	Empower S&P Mid Cap 400 Index Inv.....	N/A	S4843F	_____
T. Rowe Price Retirement 2040 SA.....	N/A	S2901C	_____	MassMutual Mid Cap Growth A.....	N/A	S4754F	_____
T. Rowe Price Retirement 2035 SA.....	N/A	S2887C	_____	MassMutual Blue Chip Growth Adm.....	N/A	S4781F	_____
T. Rowe Price Retirement 2030 SA.....	N/A	S2876C	_____	MassMutual Equity Opports Adm.....	N/A	S7768F	_____
T. Rowe Price Retirement 2025 SA.....	N/A	S2873C	_____	MassMutual Diversified Value Adm.....	N/A	S7163F	_____
T. Rowe Price Retirement 2020 SA M.....	N/A	S2878C	_____	MM S&P 500 Index Adm.....	N/A	S4717F	_____
T. Rowe Price Retirement 2015 SA M.....	N/A	S2870C	_____	MassMutual 80/20 Allocation R4.....	N/A	S6728F	_____
T. Rowe Price Retirement 2010 SA M.....	N/A	S2871C	_____	MassMutual 20/80 Allocation R4.....	N/A	S6679F	_____
T. Rowe Price Retirement 2005 SA M.....	N/A	S4697F	_____	MassMutual 40/60 Allocation R4.....	N/A	S7410F	_____
Empower International Index Inv.....	N/A	S4705F	_____	MassMutual 60/40 Allocation R4.....	N/A	S7022F	_____
MassMutual Global Adm.....	N/A	S4698F	_____	General Account.....	N/A	MGDJB3	_____
Empower S&P SmallCap 600 Index Inv.....	N/A	S4842F	_____	MassMutual Core Bond Adm.....	N/A	S7550F	_____
Invesco Small Cap Value A.....	N/A	S7033F	_____	MUST INDICATE WHOLE PERCENTAGES			=100%

Participant Acknowledgements

Empower Advisory Group, LLC - If I have elected to have my account professionally managed by Empower Advisory Group, LLC and this form is submitted, my election to have my account professionally managed will override the investment allocation requested on this form until such time as I revoke or amend my election to have my account professionally managed.

General Information - I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am rolling over are in fact eligible for such treatment.

I authorize these funds to be rolled over into my employer's Plan and to be invested according to the information specified in the Investment Option Information section.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the direct rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by my Plan (if I do not have an account established). If no default investment option is selected, the funds will be returned to the payor as required by law. If my assets are received more than 180 calendar days after Service Provider receives this Incoming Direct Rollover Election form (this "form"), I authorize Service Provider to allocate all monies received the same as my ongoing allocation election on file with Service Provider. I understand I must call 1-833-569-2433 or access the Web site in order to make changes or transfer monies from the default investment option. The funds will be invested on the day this completed form and the funds are received, so long as they were received prior to the close of the New York Stock Exchange. If this form and the funds are received after close of the New York Stock Exchange, I understand

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MI

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that my request will be processed on the next business day. I understand that this completed form must be received by Service Provider at the address below.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and Service Provider is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Provider with any information that they may require, and/or to notify Service Provider of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction.

Withdrawal Restrictions - I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on direct rollovers and/or distributions. I understand that I must contact the Plan Administrator, if applicable, to determine when and/or under what circumstances I am eligible to receive distributions or make direct rollovers.

Investment Options - I understand that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan as specified on the first page of this form. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Outstanding Loan Balance - An outstanding loan balance cannot be included in the rollover. However, you may pay off the outstanding loan balance *before* this rollover is submitted. After the loan is paid off, you may submit this rollover request. If you do not pay off the outstanding loan balance, you may rollover only the cash value (not including the loan) from the Plan that has the outstanding loan.

Payment Instructions

Make check payable to:

Empower Annuity Ins Co of America

Include the following information on the check:

Participant Name, Individual ID (*found on account statement*), Plan Number, Plan Name

Regular mail address for the

check and form (if mailed together):

Empower Annuity Ins Co of America
PO Box 825749
Philadelphia, PA 19182-5749

Wire instructions:

Account of: Empower Annuity Insurance Company of America

Bank: PNC BANK

Account no: 1082030071

Routing transit no: 043000096

Attention: Financial Control

Reference: Participant Name, Social Security Number, Plan Number, Plan Name

Overnight mail address for the

check and form (if mailed together):

PNC BANK
525 Fellowship Rd Suite 330
Lockbox # 825749
Mt Laurel, NJ 08054-3415
Contact: Empower
Phone: 1-833-569-2433

If sending the "form" only, please upload electronically to empowermyretirement.com (Click Upload Documents to submit) or follow mailing instructions above. Please remember that this form needs to arrive prior to or at the same time the funds arrive to invest according to the allocations on this form. We will not accept hand delivered forms at Express Mail addresses.

Required Signatures - My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Direct Rollover Election form. I affirm that all information provided is true and correct.

Participant Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

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I acknowledge and agree that the Plan Administrator for the Previous Employer's Plan is released from and the Plan Administrator for the Current Employer's Plan shall assume all obligations associated with any amounts under this Incoming Direct Rollover Election form.

Authorized Plan Administrator Signature
For Current Employer's Plan

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name

Participant forward to Plan Administrator
Plan Administrator forward as shown above in
the Payment Instructions section

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc. (EFSI), Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. Empower is not affiliated with MassMutual or its affiliates.