

Rollover Form (page 1 of 2)

The Act 1 Group of Companies 401(k) Plan for Hourly Associates

51797-2-1 _____

SOCIAL SECURITY NUMBER	FIRST NAME	LAST NAME	MI
STREET ADDRESS		E-MAIL ADDRESS	
CITY	STATE	ZIP	
BIRTH DATE	PHONE (OPTIONAL):	MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE OR LEGALLY SEPARATED	

PAYROLL FREQUENCY: MONTHLY (12/YR) SEMI-MONTHLY (24/YR) BI-WEEKLY (26/YR) WEEKLY (52/YR) HIRE DATE ____/____/____

ROLLOVER INFORMATION

	TAXABLE PORTION (include investment income)	+	NONTAXABLE (e.g., participant after-tax contributions)	=	TOTAL Rollover Contribution
Amount of Rollover Contribution:	\$ _____		\$ _____		\$ _____

Note: Rollovers cannot include required minimum distributions. Participant after-tax contributions can only be included in a direct rollover from a qualified plan.

I certify that this distribution is not (a) one of a series of substantially equal payments payable over my life or single life expectancy or the joint life or joint life expectancies of myself and my designated beneficiary; (b) one of a series of installment payments payable over 10 years or more; (c) all or part of a required minimum distribution; (d) a distribution due to financial hardship; (e) a return of any excess deferrals, excess contributions, excess aggregate contributions or excess annual additions made to the plan; or (f) a deemed distribution due to a loan default. Finally, I certify that this rollover is being accomplished within 60 days of my receipt of the distribution from my prior employer's qualified retirement plan.

Payment: Make payable to MassMutual. Include the employee's last 4 digits of the social security number and the new plan's account number on the check.

Check attached

Wire or Check sent separately to MassMutual Retirement Services by the Prior Plan.

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

MAIL TO: Howroyd Wright Employment Agency, Inc., 327 W. Broadway, Glendale, CA 91204-, US

PLEASE CALL: 1-888-526-6905, if you have any questions.

Investors should consider an investment's objectives, risks, charges and expenses carefully before investing. For this and other information, see a fact sheet or the applicable prospectus available from your plan sponsor, on the Journey at www.massmutual.com/retire or by contacting our Participant Information Center at 1-800-743-5274 between 8:00 a.m. and 8:00 p.m. ET, Monday through Friday. Read it carefully before investing.

PARTICIPANT SIGNATURE:

I certify that the above Rollover Contribution was an eligible rollover distribution from either a 401(a) qualified plan, 403(a) qualified annuity plan, 403(b) tax-sheltered annuity plan, traditional IRA, or 457(b) government plan.

PARTICIPANT

DATE

ADMINISTRATOR SIGNATURE:

I certify that the above Rollover Contribution was an eligible rollover distribution from either a 401(a) qualified plan, 403(a) qualified annuity plan, 403(b) tax-sheltered annuity plan, traditional IRA, or 457(b) government plan.

PLAN ADMINISTRATOR

DATE

Make Your Investment Selections on Reverse

Rollover Form (page 2 of 2)

The Act 1 Group of Companies 401(k) Plan for Hourly Associates — 51797-2-1

INVESTMENT SELECTION 3 Easy Options to Invest Your Retirement Contribution

Important Note: If you choose investments for only one source group, contributions from other sources will be allocated to those chosen investments. The portfolios offered in Option 2 are provided at your Sponsor's request. Additional investment options may exist that are not included in the portfolio. See below for a complete list of options.

Until you make your investment option selection, all of your contributions will be invested in the Adv DwJns Tgt Tday (Wlls Frg).

Investment Options	Rollover	Option 2				
		100% Short Term	100% Conservative	100% Moderate	100% Aggressive	100% Ultra Aggressive
Guaranteed New	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select PIMCO Total Return	_____ %	95%	21%	6%	2%	-
Adv DwJns Tgt Tday (Wlls Frg)	_____ %	5%	49%	34%	14%	-
Adv DwJns Tgt 2010 (Wlls Frg)	_____ %	-	-	-	-	-
Adv DwJns Tgt 2020 (Wlls Frg)	_____ %	-	-	-	-	-
Adv DwJns Tgt 2030 (Wlls Frg)	_____ %	-	-	-	-	-
Adv DwJns Tgt 2040 (Wlls Frg)	_____ %	-	-	-	-	-
Adv DwJns Tgt 2050 (Wlls Frg)	_____ %	-	-	-	-	-
Cullen Value (Pioneer)	_____ %	-	4%	7%	10%	12%
Sel Indexd Eqty (Northrn Trst)	_____ %	-	10%	18%	26%	34%
Growth America (American)	_____ %	-	4%	8%	10%	12%
Mid Cap Value (Perkins)	_____ %	-	-	1%	2%	1%
Mid Cap Index (Northern)	_____ %	-	2%	6%	6%	7%
Sel Md Cp Gr II (TRP/Frontier)	_____ %	-	-	1%	2%	1%
NFJ Small Cap Val (Allianz)	_____ %	-	2%	4%	5%	6%
Sm Cap Gr (Invesco Van Kampen)	_____ %	-	3%	4%	6%	7%
EuroPacific Growth (American)	_____ %	-	5%	11%	17%	20%

100%

Total contributions within each column must add up to 100%

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

Option 3 Target Asset Allocation Investment Options

Target Asset Allocation investment options are single solutions that offer professional management and monitoring as well as diversification – all in one investment. Each investment option has an automatic process that invests more conservatively as retirement nears and the options are named to coincide with a particular retirement date.

- 100% to Adv DwJns Tgt Tday (Wlls Frg)
- 100% to Adv DwJns Tgt 2010 (Wlls Frg)
- 100% to Adv DwJns Tgt 2020 (Wlls Frg)
- 100% to Adv DwJns Tgt 2030 (Wlls Frg)
- 100% to Adv DwJns Tgt 2040 (Wlls Frg)
- 100% to Adv DwJns Tgt 2050 (Wlls Frg)

MAIL TO: Howroyd Wright Employment Agency, Inc., 327 W. Broadway, Glendale, CA 91204-, US

After receipt of this form, MassMutual will send you an **Investment Selection Confirmation** report. You should keep a copy of this form for your records.

To get the most out of your Plan . . . you may also roll over your eligible distributions from your prior employer's qualified plan.