



Massachusetts Deferred Compensation SMART Plan Plan to Plan Transfer Request - Employees changing from Part-Time to Full-Time

Current Plan Information

Massachusetts Deferred Compensation SMART Plan
Mandatory OBRA (Part-time 98966-02)

Plan Name _____

Department Number _____

Department Location _____

New Plan Information

Massachusetts Deferred Compensation SMART Plan
(Full-time 98966-01)

Plan Name _____

Department Number _____

Department Location _____

Participant Information

Last Name First Name MI

Address - Number & Street

City State Zip Code

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Home Phone Work Phone

Social Security Number

Employee Number

Date of Job Classification Change

Plan Transfer Information

- A Participant Enrollment form must be completed and attached for the new plan, if you are not already enrolled.
- If you would like to change your allocation for future contributions, please call the Voice Response System.
- This form is only to be used for participants in the Mandatory OBRA plan who have become full-time employees under the same employer and would like to transfer their balance to the full-time SMART Plan.
- Mandatory OBRA balances are restricted to investments available in the Mandatory OBRA Plan. Transferring to the full-time SMART plan does not allow Mandatory OBRA balances to be invested in the SMART Plan's other investment options.

Required Signature

My signature acknowledges that I have read all of the information on this form, that I understand its contents, and affirm that all information that I have provided is true and correct.

I authorize Service Provider to sell my fund in my current plan and purchase the same fund the same business day in my new plan. I understand that the transferred amounts will be deposited in the new plan, in the same money type, and in the same investment option that such amounts were invested in under my current plan.

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.

Participant forward to Service Provider
Empower Retirement
P.O. Box 173856
Denver, CO 80217-3856
Phone #: 1-877-457-1900
Fax #: 1-866-745-5766
Web site: www.mass-smart.com

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