



- Use this form to request a distribution as a beneficiary following the death of the participant, or as an alternate payee under a "qualified domestic relations order."
- Your choices on this form may affect your taxes. You may want to consult a tax or financial advisor.
- If your distribution will be sent to an address outside of the United States, Puerto Rico, U.S. Virgin Islands or Guam, you must also submit either a TRS Form W-9 to certify you are a U.S. person or a Form W-8BEN. If you are a non-resident alien with respect to the U.S. To obtain these forms or for assistance in determining which form you should submit, please go to the IRS website at www.irs.gov or consult with a tax advisor. If do not submit one of these forms along with this form, 30% tax withholding will be applied to your distribution.
- Please return this form to the Fund Office for authorization: **Plumbers and Steamfitters Local 21, 1024 McKinley Street, Peekskill, NY 10566.**

1. Participant Information

 Social Security Number

 Last Name

 First Name

 Middle Name

2. Reason for Distribution

The reason for the distribution is (*check one*):

The death of the participant. (*Attach certified copy of death certificate.*) Date of Death: _____

I am an alternate payee under a "qualified domestic relations order." (*The Plan Administrator must determine the qualified status of any order.*)

3. Beneficiary or Alternate Payee Information

 Social Security Number

 Date of Birth (MM-DD-YYYY)

 Relationship to Participant

 Last Name

 First Name

 Middle Name

 Mailing Address

 City

 State

 Zip Code

 Daytime Telephone Number

 Evening Telephone Number

 E-mail Address

4. Form of Payment

- Lump Sum
- Monthly Installments (\$_____month)
- Annuity (Please contact the Fund Office for additional information.)
- Partial Distribution \$_____

5. Payment Election(s)

You may elect more than one option below as long as the total percentages you elect do not exceed 100%.

- Direct Rollover to another Qualified Plan or other IRA (complete sections 6 & 7). _____%
- Payment to you (Check will be mailed to your address of record). _____%

Total 100%

6. Direct Rollover Election
If any part of your distribution is an "eligible rollover distribution" (as described in the "Special Tax Notice Regarding Plan Payments"), you may elect a tax-free "direct rollover" of that amount to another employer plan or to an IRA. If you do not elect a "direct rollover" of the eligible rollover distribution amount, it will be paid directly to you, and 20% of the amount paid by check will be withheld and credited against any federal income tax you owe. (Check one and complete section 7):

- Roll over my entire eligible rollover distribution as indicated in section 7.
- Distribute _____% or \$_____ (gross amount, before taxes, if any, are withheld) of my account balance directly to me and roll over the remainder as indicated in section 7 (the minimum "direct rollover" amount is \$500).

Note: Non-spousal beneficiaries may only roll over to an IRA.

7. Receiving IRA or Employer Plan
IMPORTANT: Your "direct rollover" check from the Plan will be made payable to the employer plan or IRA that you describe below, for your benefit, and the "direct rollover" check will be mailed to you at the most recent address the Plan has for you on file. You should deliver the check to the IRA custodian or employer plan trustee as soon as possible after you receive it. Please ensure that the IRA custodian or trustee or Plan Trustee will accept all assets you are requesting to be rolled over prior to submitting this form.

My "Direct Rollover" should be:

- made to my employer's plan (for spouses and spousal a/female payees only)
- made to my appropriate IRA (Please complete the proper forms to establish your IRA(s))

8. Tax Withholding Election
FEDERAL WITHHOLDING: Distributions of pre-tax contributions plus interest on all contributions (except interest with respect to qualified distributions from a Roth account) are subject to federal income tax. Federal income tax law requires that 20% of the taxable amount of a distribution be withheld, unless the payment is directly rolled over to an eligible employer plan or an IRA. Payment to an Estate/Charity, Installments, or Annuity payments payable over life expectancy of 10 years or more have the choice to have federal income tax withheld (if no election is made, MassMutual will withhold federal income tax). Please read the *Special Tax Notice(s)*. **Contact your tax advisor or the IRS if you have any questions concerning tax withholding.**

One-Sum Cash Payment or Direct Rollover or Installments of Less than 10 Years:

I read the Special Tax Notice and:

- Withholding does not apply as I have directly rolled over the entire taxable payment.
- Deduct the 20% mandatory federal income tax withholding from the taxable portion of my payment.
- Deduct the 20% mandatory federal income tax withholding from the taxable portion of my payment and withhold an additional amount of \$_____.

Installments/Annuities of 10 Years or More or Payments to an Estate/Charity or Based on Life Expectancy:

I elect to have federal income tax: not withheld withheld. (If One-Sum Cash Payment to non-spouse beneficiary, the distribution is subject to 10% withholding if "withheld" is elected.)

If "withheld" is elected for installment or annuity payments, complete below (refer to IRS instructions for Form W-4P for more information):

- a. Deduct ___% federal income tax withholding from the taxable portion of each payment.
- b. I want 10% federal income tax withholding from the taxable portion of each payment and the following additional amount withheld from each payment: \$_____.

STATE WITHHOLDING: Contact your tax advisor or your state's tax department if you have any questions concerning state tax withholding. Refer to the State Tax Information document for important information regarding State Withholding in your Legal State of Residence. If you make an election that is not in compliance with your state's regulations, MassMutual will default to your state's requirements.

No State Tax Withholding Election

I have read the State Tax Information document and I elect to have no state income tax withheld from my payment(s).

Voluntary State Income Tax Withholding

I have read the State Tax Information document and I elect to have the following voluntary state income tax withheld from my payment(s) (choose one):
_____%
\$_____ (whole dollar amount)
____ based on my state's tax table formula, if applicable (MassMutual will apply the default tax allowance)

Additional State Income Tax Withholding

I have read the State Tax Information document and I elect to have an additional ___% or \$_____ (whole dollar amount) state income tax withheld from my payment(s).

9. **Beneficiary or Alternate Payee Signature**

I make the distribution elections indicated above. I have read the Special Tax Notice Regarding Plan Payments, and I know I have at least 30 days to decide whether or not to elect a direct rollover of any eligible rollover distribution. To my knowledge, no other person is entitled or claims to be entitled to any part of the account that I have claimed.

Note: If you have not yet established your MassMutual online account and provided an email address or if you have recently made changes to any of your contact information, in order to have your request processed timely. please have the notary stamp placed in the space provided below. The Plan Administrator may choose to waive the notary requirement by initialing in the appropriate box in the Fund Office Authorization section of this form.

Signature of Beneficiary or Alternate Payee (or Guardian, if a minor)

Date (MM-DD-YYYY)

Print Name

Social Security Number

Notary Public Signature and Stamp

Date (MM-DD-YYYY)

10. **Spousal Consent**

I am the spouse of the participant whose signature appears below, I have read the "Notice of Annuity Benefits". I understand that I have the right to have the plan pay my spouse's retirement benefits in the qualified joint and survivor annuity payment form, and I agree to give up that right. I understand that by signing this spousal consent, I may receive less money than I would have received under the qualified joint and survivor annuity payment form and I may receive nothing after my spouse dies, depending on the payment form that my spouse chooses. I agree that my spouse can receive retirement benefits in the form selected above. I understand that my spouse cannot choose a different form of retirement benefits unless I agree to the change. I understand that I do not have to sign this spousal consent. I am signing this spousal consent voluntarily. I understand that if I do not sign this spousal consent, then my spouse and I will receive payments from the plan in the qualified joint and survivor annuity payment form.

MassMutual will accept faxed documents for gross distribution requests of less than \$50,000, provided that where spousal consent is also required, the spouse's signature must be duly witnessed by a notary using his/her notary stamp. (A gross distribution is the amount of the requested withdrawal prior to deduction of any tax withholding.)

For gross distribution requests: (a) of \$50,000 or more or (b) involving notarized spousal consents that do not show the notary's stamp - either because the notary's state/district does not permit use of a notary stamp (e.g., Alabama, Washington, DC) or for any other reason permissible by the notary's state - original documents must be mailed, not faxed,

Signature of Spouse
WITNESSED:

Date (MM-DD-YYYY)

Signature of Authorized Plan Representative

Date (MM-DD-YYYY)

OR

Signature of Notary Public (*stamp or seal required*)

Date (MM-DD-YYYY)

If Notary Public, my commission expires: _____

11. **Fund Office Authorization (*Office Use Only*)**

Signature of Authorized Plan Representative

Date (MM-DD-YYYY)