

Plumbers and Steamfitters Local 21 Annuity Fund (914) 737-7220
PARTIAL IN-SERVICE DISTRIBUTION FORM (Plan# 62908)
888-976-8171



- Use this form to request a distribution of benefits payable under the Plan while you are still employed. Please complete in ink.
- To request a distribution following termination of employment, use the Distribution Form or Required Minimum Distribution Form.
To request a distribution because of death or as an alternate payee, use the Beneficiary and Alternate Payee Distribution Form.
- 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 an IRS 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 you 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		Date of Birth	
Last Name		First Name	MI
Mailing Address		City	State ZipCode
Home Telephone Number	E-mail Address		

2 Supplemental Unemployment Benefits (Members may not withdraw more than \$900 per month)

I request an in-service distribution in the amount of (check one):

<input type="checkbox"/>	Specific dollar amount(complete) \$_____ or
<input type="checkbox"/>	Maximum amount available

3 Welfare Plan Premium Payment Distribution Amount (Contact the Fund Office to request this option)

I request an in-service distribution in the amount of (check one):

<input type="checkbox"/>	Specific dollar amount(complete) \$_____ or
<input type="checkbox"/>	Maximum amount available

4 Partial Distribution after 90 Days of Unemployment (14 days of unemployment under temporary rule through March 31, 2022)

I request an in-service distribution in the amount of (check one):

<input type="checkbox"/>	Specific dollar amount(complete) \$_____ or
<input type="checkbox"/>	Maximum amount available

5 Payment Election(s)

- ☐ ☐ Direct Rollover to another Qualified Plan or other IRA (complete sections 7 & 8).
☐ ☐ Payment to you (Check will be mailed to your address of record)

Direct Deposit

- ☐ ☐ Direct deposit to a bank account of which I am an account holder - Deposited within 3 business days from date of processing. This option is NOT available for Rollovers.

To elect Direct Deposit, you must select either Checking or Savings and you must provide a voided check or copy of a pre-printed, account-specific deposit slip or a bank specification sheet from your bank for validation. To help protect our customers' assets, MassMutual may independently validate bank and customer account information before processing Direct Deposit/EFT. If we are unable to independently validate the bank and customer account information or sufficient documentation to support the Direct Deposit/EFT is not provided, MassMutual will mail a check to the address of record. It should be noted that we are not always able to independently validate credit union or smaller banks. If the account cannot be validated, a check will be mailed even if a voided check or financial instrument is submitted with the distribution request.

- ☐ ☐ Checking ☐ ☐ Savings

Bank Name

Bank ABA/Routing (9 digits)

Bank Account No.

Please note that we can only send funds via direct deposit to banks with a valid U.S. routing number.

I understand that if I do not fully complete this section or the bank account information I have provided is invalid, a check will be mailed. I understand that a reprocessing fee may be charged to my account if the direct deposit is declined by my financial institution. Subsequent withdrawals will be processed in the same manner (up to 180 days from the date of the original distribution) unless I notify MassMutual in writing to distribute the money differently. I also authorize MassMutual to initiate a debit to my account for any overpayment or payments made in error.

Check

- ☐ ☐ Send payment by check - Allow up to 10 business days for postal service delivery.
☐ ☐ Send payment by check via overnight mail - I understand that a fee will be deducted from my account for the overnight delivery election.

6 Marital Status

I certify that I am (*check one*):

- ☐ ☐ Married (*spouse must complete the SPOUSAL CONSENT section*)
☐ ☐ Not Married

7 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 8):

- ☐ ☐ Roll over my entire eligible rollover distribution as indicated in section 8.
☐ ☐ 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 8 (the minimum "direct rollover" amount is \$500). Amounts directly rolled over are deemed to consist of pre-tax amounts to the extent possible.

8 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
[] made to my appropriate IRA (Please complete the proper forms to establish your IRA(s))

9 Participant Signature

I have read the Special Tax Notice Regarding Plan Payments, and understand that (1) I have the right to receive benefits in the form of a qualified joint and survivor annuity if I am married or a single-life annuity if I am not married, (2) I have the right to waive annuity payments, subject to the consent of my spouse if I am married, (3) I may revoke a waiver at any time before distribution begins and (4) I have at least 30 days to decide whether or not to waive the annuity payments or elect a direct rollover of any eligible rollover distribution. I have read the Notice of Distribution Options and understand my distribution alternatives and my right to defer distributions under the Plan.

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's 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 Participant

Date (MM-DD-YYYY)

Print Name

Social Security Number

Notary Public Signature and Stamp

Date (MM-DD-YYYY)

10 Spousal Consent

I have read the Notice of Retirement Annuity Benefits and consent to my spouse's election not to have benefits paid in the form qualified joint and survivor annuity. I understand that: (1) by giving my consent I will forfeit annuity benefits I would otherwise receive upon my spouse's death, (2) my spouse's election is not valid unless I consent to it, and (3) my consent is irrevocable unless my spouse revokes this payment election..

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