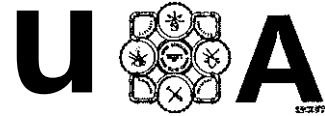


Plumbers and Steamfitters Local 21 Annuity Fund  
(914) 737-7220  
Distribution Election Form  
Account Number 62908-001-001



Reason for Distribution (check one)  Termination  Retirement  Disability

- \* If you are requesting a distribution due to death or as an alternate payee under the terms of a qualified domestic relations order, please contact the Fund Office to request a Beneficiary and Alternate Payee Distribution Form.
- \* If you are requesting a withdrawal while you are still employed, please contact the Fund Office.
- \* 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](http://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

Payee's Name \_\_\_\_\_  
first middle last

Payee's Address \_\_\_\_\_  
street  
\_\_\_\_\_  
city state zip

Legal State of Residence \_\_\_\_\_  
*If the Legal State of Residence is not provided, MassMutual will use the state provided in the Mailing Address for state tax purposes.*

Check if Mailing Address or Legal State of Residence has changed.

Social Security No. \_\_\_\_\_

Marital Status:  Married  Not Married

Telephone No. and E-mail Address \_\_\_\_\_

**ELECTION OF OPTIONS**

- One-Sum Cash Payment to Me:** Direct payment to me of my total gross account balance.  
*Note: Federal and State tax withholding will be deducted from the distribution.*
- Monthly Installment to Me:** \$ \_\_\_\_\_ gross monthly payments.
- Partial Distribution to Me:** \$ \_\_\_\_\_ gross amount, remaining balance will be deferred unless other election is made.
- Annuity** (Please contact the Fund Office for additional information)

- Direct Rollover:** Payment to:  my Traditional IRA  my employer's eligible plan (not applicable to Non-spouse Beneficiary). Name of financial institution or plan trustee to whom the rollover check should be issued:

*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.*

- Rollover my entire eligible rollover distribution as indicated above.
- Distribute \_\_\_\_\_ or \$\_\_\_\_\_ (gross amount, before taxes, if any, are withheld) from my account balance directly to me and roll over the remainder as indicated in section 7 (the minimum "direct rollover" amount is \$500). Amounts directly rolled over are deemed to consist of pre-tax amounts to the extent possible.

**IMPORTANT:** Your "direct rollover" check from the Plan will be made payable to the employer plan, IRA or Roth 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 receive it.

## INCOME TAX WITHHOLDING

**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).

**METHOD OF PAYMENT**

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.**

**SIGNATURES**

**Participant Signature**

I have read the Special Tax Notice Regarding Plan Payments, and understand that (1) I have the right to receive my 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 the 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 to 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 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)

**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.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date (MM-DD-YYYY)

WITNESSED:

\_\_\_\_\_  
Signature of Authorized Plan Representative

\_\_\_\_\_  
Date (MM-DD-YYYY)

OR

\_\_\_\_\_  
Notary Public Signature and Stamp

\_\_\_\_\_  
Date (MM-DD-YYYY)

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

\_\_\_\_\_  
Signature of Authorized Plan Representative

\_\_\_\_\_  
Date (MM-DD-YYYY)