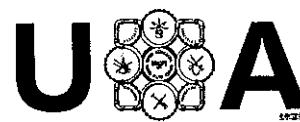


**Plumbers and Steamfitters Local 21 Annuity Fund (914) 737-7220
COVID-19 HARDSHIP WITHDRAWAL FORM (Plan# 62908)**



- Use this form to request a payment of benefits for needs related to COVID-19.
- 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, the 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 your completed form to: Plumbers and Steamfitters Local 21, 1024 McKinley Street, Peekskill, NY 10566,

1. Participant Information
(To be filled out by Participant)

Please print clearly in CAPITAL LETTERS.

Marital Status
 Married
 Not Married

Social Security Number

Date of Birth (MM-DD-YYYY)

Last Name

First Name

MI

Mailing Address

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

2. Withdrawal Amount

I request a hardship withdrawal in the amount of:

\$ _____ (The amount of your withdrawal may include the amount necessary to pay taxes you expect to result from the withdrawal. Please note that your withdrawal will be limited to the lesser of: 1) the amount stated; 2) \$100,000; or 3) the maximum amount available for a hardship withdrawal.)

3. Reason for Withdrawal - Needs Arising from COVID-19

I certify that I meet at least one of the following conditions:

- I was diagnosed with the virus SARS-CoV-2 or with COVID-19 by a test approved by the Centers for Disease Control and Prevention (including a test authorized by the Federal Food, Drug and Cosmetic Act;
- My spouse or my dependent was diagnosed with COVID-19 by a test approved by the Centers for Disease Control and Prevention (including a test authorized by the Federal Food, Drug and Cosmetic Act; or
- I have experienced adverse financial consequences because:
 - I, my spouse, or a member of my household was quarantined, furloughed or laid off, or had work hours reduced due to COVID-19;
 - I, my spouse, or a member of my household was unable to work due to lack of childcare due to COVID-19;
 - A business owned or operated by me, my spouse or a member of my household closed or reduced hours due to COVID-19; or
 - I, my spouse, or a member of my household had a reduction in pay (or self-employment income) due to COVID-19 or had a job offer rescinded or start date for a job delayed due to COVID-19.

The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits under this Plan and the Trustees will have the right to recover any payments made to me because of a false statement.

Signature of Participant

DATE (MM-DD-YYYY)

4. Tax Withholding Election

Federal Income Tax \Withholding - 10% withholding applies unless you elect otherwise.

Please note that you will have the ability to pay income taxes on the gross amount of a valid COVID-19 related distribution over a three year period.

Do not withhold federal income tax

State Income Tax ,withholding - State Tax withholding rules vary by state. Each state either (a) permits state tax withholding if elected, (b) does not permit state tax withholding, (c) has mandatory state tax withholding, or (d) allows you to opt out of state tax withholding by completing your state's form. If your address of record is within a state that does not permit state tax withholding, no taxes can be withheld. If your address of record is within a state that has mandatory state tax withholding, state taxes must be withheld from your distribution in accordance with your state's rules. If your address of record is within a state that allows an independent election to opt out of the withholding if you submit that state's form, state tax will be withheld unless you elect otherwise by submitting the required state tax opt out form. Please consult a tax advisor if you have questions regarding state tax withholding.

Do not withhold state inco(if independent election is permitted)

Withhold state income tax: ____%, or \$_____ or _____ based on tax tables

5. Participant Signature

I request the COVID-19 related in-service hardship withdrawal indicated above, I have read the Notice of Retirement Annuity Benefits and the Special Tax Notice Regarding Plan Payments, and I know I have the right to receive benefits as a joint and survivor annuity if I am married or a single life annuity if I am not married. I also know I can waive the right to annuity payments with the consent of my spouse if I am married. I understand that if I waive those rights I can change my mind and revoke the waiver at any time before payments begin. I have at least 30 days to decide whether or not to waive the annuity payments. I have also read the Notice of Distribution Options, and I understand my distribution choices, including my right to defer payments to me under the plan.

Signature of Participant
WITNESSED

Date (MM-DD-YYYY)

Signature of Authorized Plan Representative
OR

Date (MM-DD-YYYY)

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

Date (MM-DD-YYYY)

If Notary Public, my commission expires.: _____

The Trustees understand that notarized signatures and spousal consent may be difficult or impossible to obtain. If situations present, such as a physically isolated participant or spouse, please call the Fund Office and we will accommodate such requests on a case by case basis.

6. Spousal Consent

I am the spouse of the participant whose signature appears above. I have read the "Notice of Retirement 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 in-service withdrawals of retirement benefits, as selected above. 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
OR

Date (MM-DD-YYYY)

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

If Notary Public, my commission expires.: _____

The Trustees understand that notarized signatures and spousal consent may be difficult or impossible to obtain. If situations present, such as a physically isolated participant or spouse, please call the Fund Office and we will accommodate such requests on a case by case basis.

7. 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 unions 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.**

8. Return this completed form with required supporting documentation to:

Plumbers and Steamfitters Local
21 1024 McKinley Street
Peekskill, NY 10566

Signature of Authorized Plan Representative

Date (MM-DD-YYYY)