

Complete this part if you wish to have your distribution paid to you.

- Pay my entire distribution to me.

I understand the 20% required Federal Income Tax Withholding will apply to the distribution

Method of Payment:

- Send payment by check** – Allow up to 10 business days for postal service delivery
- Direct Deposit to my bank account** – Deposited within 3 business days from date of processing.
- Checking – **Include a voided check**
- Savings – **Include a pre-printed deposit slip or bank specification sheet from your bank.**

Bank Name _____

Bank ABA/Routing # (9 digits) _____

Bank Account # _____

If I elect direct deposit, by signing on the next page, I verify that I am an account holder on the bank account listed above. * Note: Funds WILL NOT be Direct Deposited if required bank information is not provided.**

TAX WITHHOLDING

Federal: Distributions of pre-tax contribution plus earning on all contributions are subject to federal income tax. Please read the Special Tax Notice. Contact your Tax Advisor or IRS if you have question concerning tax withholding or the Special Tax Notice.

Option: I understand I may request additional withholding. Please withhold \$_____ (Enter dollar amount) for Federal Income Taxes ***in addition*** to the required 20% withholding.

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 states 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.

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 (choose one):

_____ % \$_____ (whole dollar amount)

- Based on my states 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.

I acknowledge that I have received the Special Tax Notice concerning tax treatment of payments from the Plumbers' Retirement Savings Fund, Local 130, U.A., and had an opportunity to review the Notice. In addition, I understand that the plan must withhold 20% of any portion of the distribution that is not rolled over directly to another qualified plan or IRA.

I elect to waive my right to a 30-day period to review the Special Tax Notice concerning tax treatment of lump sum payments from the Plumbers' Retirement Savings Fund, Local 130, U.A. ******Please note that the failure to waive the 30-day review period will result in the delay of the processing of your request.***

Signature

Date

FOR FUND OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

I certify that the above-named employee qualifies for the in service distribution from the former Local 93.

Gross Distribution

Distribution Amount Approved \$ _____

Net Distribution

Authorized Signature

Date