

Required Minimum Distributions Overview

What are Required Minimum Distributions?

Required Minimum Distributions (RMDs) are amounts that a retirement plan account holder must withdraw annually, typically starting no later than April 1st of the calendar year following the calendar year in which he or she attains age 70½, or the year in which he or she retires if later.

When must I begin to receive a RMD?

Please refer to the chart below for general information on RMD requirements. **Note:** The parameters below are the general rule and may vary depending on plan specifics. Additionally, the terminated/retired/active statuses in the below chart refer to your employment status with the employer that sponsors this plan.

What is a required beginning date?

The required beginning date (RBD) is the date by which a person is required to take his or her first RMD. Generally, a person's RBD is no later than April 1st of the year following the calendar year in which he or she reaches 70½, or the year in which he or she retires if later. Subsequent RMDs must be taken by December 31st of each year. **Note:** The option to defer RMD payments until retirement is not allowed for more than 5%* owners or if your plan does not allow the deferral option.

Type of Participant	RMD Requirements
<ul style="list-style-type: none"> I turned 70½ in the current year and, I am retired or terminated from the employer who sponsors this plan. 	<ul style="list-style-type: none"> Your first RMD is due no later than April 1 of the following year. Please note: If you defer your first RMD until April 1 of the following year, you will still be required to take your subsequent RMD by December 31.
<ul style="list-style-type: none"> I am 70½ or older and, I retired or terminated employment prior to the current calendar year and, This is not my first RMD. 	<ul style="list-style-type: none"> You are required to receive your RMD annually by December 31.
<ul style="list-style-type: none"> I am a 5%* owner and, I will be 70½ or older in the current year and, I am not retired or otherwise separated from service. 	<ul style="list-style-type: none"> If you attained age 70½ in the current calendar year then your RMD is due no later than April 1 of the following year.
<ul style="list-style-type: none"> I am a 5%* owner and, I am 70½ or older and this is not my first RMD and, I am not retired or otherwise separated from service. 	<ul style="list-style-type: none"> You are required to receive your RMD annually by December 31.
<ul style="list-style-type: none"> I am a spouse or non-spouse beneficiary of a participant who died <i>after</i> his/her RBD. 	<ul style="list-style-type: none"> In the year of Death, you are required to receive a RMD by Dec 31 of the year of the participant's death <u>only</u> if the participant did not already fulfill their RMD prior to their death. In subsequent years, you are required to receive your RMD annually by December 31.
<ul style="list-style-type: none"> I am a spouse beneficiary of a participant who died <i>before</i> his/her RBD. 	<ul style="list-style-type: none"> You may elect to receive a RMD by December 31 of the year of the first anniversary of the participant's death; however, you can delay the distribution until December 31 of the year the participant would have turned 70½. Note: Regardless of the option chosen, once started, RMDs must continue annually by December 31.
<ul style="list-style-type: none"> I am a non-spouse beneficiary of a participant who died <i>before</i> his/her RBD. 	<ul style="list-style-type: none"> You are required to receive a full distribution of the participant's account by December 31 of the year of the fifth anniversary of the participant's death, unless you begin taking distributions over your own life expectancy by December 31 of the year of the first anniversary of the participant's death.
<ul style="list-style-type: none"> I am an active participant and, I am not a 5%* owner and, I have not been a 5%* owner since attaining 70½ I have attained age 70½. 	<ul style="list-style-type: none"> You are required to receive a RMD distribution by April 1 following the end of the calendar year in which you retire or separate from service.
<ul style="list-style-type: none"> I am a QDRO Alternate Payee of a participant who attained age 70½ in the current year. 	<ul style="list-style-type: none"> Your first RMD is due by December 31 of the current year, but you have an option to defer its payment until April 1 of the following year. Please note: If you defer your first RMD until April 1 of the following year, you will still be required to take your subsequent RMD by December 31.

* A 5% owner is one who owns more than 5% of Company stock or business interest; or a spouse, child, grandparent or parent of a 5% owner. Ownership is determined as of the plan year ending in the calendar year the participant attains age 70 ½. Ownership, for the purposes of RMD requirements, will always apply when ownership is retained at or beyond age 70 ½. This is not applicable to governmental plans; 403(b) and 457(b) plans do not have 5% owners.

What if I do not meet the RMD rules?

Failure to meet the RMD requirements may result in a 50% federal excise tax payable to the IRS by you. This tax is applied to the amount by which the RMD exceeds the amount you actually received (if any). To report and pay the federal excise tax due or to request a waiver of the tax, you will need to file an IRS Form 5329. File this form with your IRS Form 1040.

How is the RMD calculated?

Your RMD amount is determined by applying a distribution period set by the IRS to your account balance at the end of the previous year. Refer to IRS Publication 590 for calculation tables and methods, which is available on the IRS website at www.irs.gov.

How will a withdrawal during the year affect my RMD?

Any taxable cash payment(s) withdrawn from your plan during the year will be applied to your RMD payment. For instance, if your current year RMD payment is supposed to be \$5,000, and you take \$2,000 in cash payment withdrawals during the year, you will be required to take an additional \$3,000. **Note:** If your plan transitioned to MassMutual in the current year, distributions processed by the prior recordkeeper will not be considered when your RMD is calculated.

What if I have multiple accounts?

If you have multiple retirement accounts (including custodial accounts), your RMD should be determined separately for each account. MassMutual will only calculate the RMD amount based on your balance in the retirement account that is invested with MassMutual.

What are my tax considerations?

- 10% tax withholding will be applied to your RMD payments (unless you elect no, or additional withholding on this amount).
- If federal tax is withheld, your state may also require state tax be withheld.
- Withholding is for pre-payment of federal (or state) income tax. You may be subject to additional federal and/or state taxes.
- Your RMD cannot be rolled over.
- If your address is outside of the United States, a Citizenship Statement and W8-BEN (if applicable) are required to be submitted with your RMD Election Form. If these forms are not received, MassMutual will withhold 30% towards taxes from your payment.

"Calendar Year" on the Required Minimum Distribution (RMD) Election Form refers to the year this RMD is attributable to:

- If this is your initial RMD because you turned 70½ during the prior year but decided to defer the RMD distribution to April 1, of the current year, the applicable "Calendar Year" is the prior year.
- If this withdrawal is one that you are required to take this year other than the above special situation for initial RMD recipients, the applicable "Calendar Year" is the current year.
- **Note:** Those participants, who deferred their initial RMD, will also be required to take a second RMD during the current year that is attributable to the current "Calendar Year". A separate election form will be required for this RMD. Since both the initial and second RMD are actually paid to you during the current year, you will be taxed on both RMD's for the current tax year.

Your retirement planning decisions are based on your personal situation - MassMutual encourages you to consult with your investment or tax advisor to assess your actual RMD requirements.

The information contained in this overview is not intended or written as specific legal or tax advice and may not be relied on for purposes of avoiding any federal tax penalties. Neither MassMutual nor any of its employees or representatives is authorized to give legal or tax advice. You must rely on the advice of your own independent tax counsel.

Required Minimum Distribution Request Form

457(b) Governmental, 401 and 403(b) Plan Administrator Authorization Required This form is intended for retired employees (separated from service) age 70½ or older, Beneficiaries, and QDRO Alternate Payees

Use this Form to:

- request a required minimum distribution (RMD)

Do not use this Form if:

- you are separated from service and have already fulfilled your current year RMD requirement (participants may use the *Withdrawal Request Form*)
- you are actively employed and you want an in-service withdrawal (participants may use the *Withdrawal Request Form*)
- you want to request installment payments and your Plan permits this option (participants may use the *Systematic Withdrawal/ Installment Payment Option Request Form*)
- you want to request an annuity and your Plan offers annuity payment options. Please contact your Plan Administrator for further information.
- you are a spouse beneficiary and wish to defer your distribution until the participant would have reached age 70½ (you may use the *Beneficiary Election Form*)
- you are a non-spouse beneficiary and wish to elect to receive the participant's entire account balance by 12/31 of the 5th anniversary of the participant's death (you may use the *Beneficiary Election Form*).

Questions?

Call
MassMutual's Customer Service Center
1-800-528-9009

Fax
877-526-2531 or
800-678-8645

Online
www.massmutual.com/
govnp

RMDs are not eligible for rollover and must be paid from your account first before any other money can be withdrawn or rolled over.

For more information about RMDs, please review the RMD Overview as well as the Plan's summary plan description (SPD) or other explanation of plan benefits provided by the Plan Administrator. You may additionally contact your Plan Administrator for further information. You may also be interested in IRS publications about RMDs, including "Retirement Plans FAQs regarding Required Minimum Distributions" and IRS Publication 590, both of which may be accessed on the IRS Website at IRS.gov. You may also want to consult with your own legal, financial and/or tax advisors before completing this form.

NOTE TO PARTICIPANTS USING THIS FORM: If the plan's normal form of benefit is a *Qualified Joint and Survivor Annuity (QJSA)*, the *Qualified Joint and Survivor Annuity Form* must be completed by the participant (and spouse, if applicable) and provided to the Plan Administrator prior to any requested distribution submitted for processing via this form. If the Plan's normal form of benefit is not a QJSA, but requires spousal consent for a distribution a *Spousal Consent Form* must be completed and provided to the Plan Administrator prior to any requested distribution submitted for processing via this form.

MassMutual will not process this form until it is received in good order. Please see the *Important Information Section* for information on "Good Order" requirements.

Section A - Plan Information	
Group No.	Plan Name

Section B - Applicant Information (Participant, Beneficiary or QDRO Alternate Payee)

If you are the participant, complete Section B. If you are a QDRO Alternate Payee or beneficiary, complete Sections B and C.

Please select one: <input type="checkbox"/> Participant <input type="checkbox"/> Beneficiary <input type="checkbox"/> QDRO Alternate Payee	SSN	Name	
* Legal Address		**Participant's Date of Retirement/ Severance from Service (MMDDYYYY)	
City	State	Zip Code	Daytime Phone Number

*We will change your account information to reflect the Legal Address above and all future mailings will be sent to this address unless changed by you or your Plan Administrator as described under "Stale Address" in the *Important Information Section*.

**Note: A Date of Retirement/Severance from Service must be provided to process the RMD. If you are actively employed, please complete a *Withdrawal Request form*.

Section C - Original Participant Information provided by QDRO Alternate Payee or Beneficiary	
Original Participant's Name	Original Participant's SSN
Relationship to participant: <input type="checkbox"/> Spouse <input type="checkbox"/> Former spouse <input type="checkbox"/> Non-spouse	Original Participant's Date of Birth (MMDDYYYY)

If you are a Beneficiary, please complete: Was the original participant employed at their date of death?

- Yes, proceed to Section D
- No, complete the following: Original Participant's Date of Retirement/Date of Severance from Service or Date of Death (MMDDYYYY) _____

Section D - RMD Election

We recommend that you read the RMD Overview to understand all of your RMD payment options before you make your RMD election(s).

You may select one of two methods for receiving your annual RMD payment:

- Option 1: Calculate your own RMD and submit an *RMD Request Form* each year or
- Option 2: MassMutual will calculate your RMD for this year only (and submit an *RMD Request Form* each year) or, under the annual **Automated RMD Program**, for this year and every year thereafter based on your selections.

Note: If you would like to defer your first RMD payment until your RBD, please submit your *RMD Request Form* after December 31.

You have the option for MassMutual to calculate your RMD for this calendar year only or this calendar year and every calendar year thereafter based on your selections below until your account is fully distributed or until MassMutual receives notice of your death. Alternatively, **you** may calculate the amount of your required minimum distribution for this year. If you calculate your own RMD, you will need to calculate and submit a distribution request each year until (i) your account balance is fully distributed, (ii) you establish an Automated RMD program, or (iii) MassMutual receives notice of your death. Note: You may only request an RMD amount based on your balance in the retirement account that is invested with MassMutual.

If you choose MassMutual's **Automated RMD Program** we will calculate your RMD based on the information maintained in our records and the selections you make on this form. Your distribution will be processed pro-rata across all of your current money sources and investments. Your elections will remain in place until written direction to change your previous elections are provided. If you do not choose to participate in this program you **must** provide timely RMD payment directions each year. Please note that it is your responsibility to ensure you timely receive all RMD payments from the Plan in accordance with Federal law. Failure to provide timely instructions concerning your RMD payment may result in excise tax penalties assessed by the IRS based on the amount of any missed RMD.

Please select either Option 1 or 2 below.

Option 1: Calculate Your Own RMD

I understand that I am responsible for ensuring that the dollar amount provided below fulfills my annual RMD requirement from the Plan. I further understand that in order to receive future RMDs, I must submit an *RMD Request Form* for each year until my account is depleted or until my death, unless I later elect the Automated RMD Program.

I hereby elect an immediate distribution of my RMD in the amount of: \$ _____

Note: If last year was the first year you became subject to the RMD rules and you deferred your 1st RMD payment until your RBD, you may either enter the RMD amount for both years above or enter last year's RMD only and submit another form for your 2nd RMD later this year.

Option 2: MassMutual Will Calculate Your RMD

By making an election below I understand that I am responsible for ensuring that the amount MassMutual calculates and distributes fulfills my annual RMD requirement from the Plan. (except for 403(b) plan types, please use the *Shortfall RMD Request Form*, if applicable.) If I take a non-RMD distribution during the year, that amount will not reduce the amount of the Automatic RMD Program that I have established. It is my responsibility to notify MassMutual if I wish to stop the Automatic RMD Program and ensure I have satisfied my RMD requirement.

First Year RMD Only (for 403(b) use only) - If you have not taken your RMD for the prior year we will process that immediately. We will set up the current year RMD per your instructions elected on this form, unless you check this box: Do not process my First Year RMD. I have satisfied it already.

This is for RMD Year _____ Note: We will default to current year if left blank. If you missed prior years list all RMD years needed. _____

IMPORTANT NOTE: If a prior year's RMD was due and you did not take it, your payment this year will include the prior year's RMD.

You cannot satisfy this Plan's RMD by combining it with the same type of plan with another employer or a different type of plan (e.g., 401(a), 401(k), 403(b), 457(b) or IRA). Generally, if you have an account with more than one provider under this Plan, then you may have the RMD paid to you from one or more provider. Additionally, if you have more than one 403(b) contract with the same employer or different employer, then you may aggregate the contracts and have the RMD paid to you from one or more 403(b) contracts. **However**, MassMutual will only calculate the RMD amount based on your balance in the Plan. Even if you take an RMD from a different retirement account, please be aware that your account under the Plan is still subject to the RMD and will be processed accordingly. It is your responsibility to ensure that the total RMD amount from all your retirement accounts is distributed timely.

Life Expectancy Factor. If you are the participant or a QDRO Alternate Payee, your RMD will be calculated using the **Uniform Lifetime Table**. You may instead elect below to use the Joint and Last Survivor Table, if your spouse (or former spouse for QDRO Alternate Payee) is your only beneficiary for the entire year and is more than 10 years younger than you.

Calculate my RMD based on my age and my spouse's (former spouse's) age using the Joint and Last Survivor Table.

My spouse's (former spouse's) date of birth is: Month (MM) Day (DD) Year (YYYY)

If you are a Beneficiary, your RMD will be calculated using the Single Life Expectancy Table.

Prior Year Account Balance. MassMutual can only calculate your RMD based on your prior year's 12/31 account balance in our records. If the Plan was with another provider or your account was with another provider last year, you must provide us with your 12/31 account balance.

My prior year 12/31 account balance was \$ _____ (Complete only if MassMutual did not have this account balance.)

Section D - RMD Election - continued

Please select either (A) or (B) below.

- (A) **Automated RMD Program.** I hereby elect to be enrolled in MassMutual's annual Automated RMD Program. I understand that my yearly RMDs will be calculated using the criteria I elect on this form and in accordance with the IRS Rules until I elect out of the Automated RMD Program, change the calculation criteria, my account is depleted, or until my death. Note: If a prior year's RMD is due, we will issue your payment immediately for the prior year and current year. Future payments will be made on the date you specify below.

Please process this year's RMD and all future year RMDs on: (Default is Dec. 1st if no election is made. If you select 29-31 as the day, we will process as of the 28th.)

Month(MM) Day(DD) (01-28)

Note: If the date you select falls before the date MassMutual processes this form, your 1st RMD will be paid immediately; all future year RMD payments will be made on the date you select.

- (B) **One Time Only RMD Calculation** I hereby elect MassMutual to calculate and immediately distribute my RMD for this year using the criteria I elect on this form and in accordance with the IRS Rules. I understand that in order to receive future RMDs, I must submit an RMD Request Form for each year until my account is depleted or until my death, unless I later elect the Automated RMD Program. If my first RMD was due in the prior year and I elected to defer that payment (must be taken by April 1), I understand that I will receive my prior year RMD and current year RMD unless I elect otherwise below:

- Only process my prior year RMD, I will submit a form later this year for my current year RMD.

Section E - Source of Payment

Your RMD will be processed pro-rata across all of your contribution sources (excluding Roth sources, if any) and investments unless Special Instructions are provided below. If one or more of your specified investment choices or contribution sources are depleted, payments will be suspended until we receive new instructions from you regarding future payments.

Special Instructions

Roth Contribution Source Election: If your account contains Roth contributions/rollovers you may, but are not required to, elect a percentage to be taken from the Roth source(s) to satisfy all or a portion of your RMD.

I hereby elect MassMutual to take _____% (whole percentage) of my Roth contribution source(s) to satisfy my RMD. I understand that if this percentage does not satisfy my RMD, the remaining portion will be taken pro-rata from all other contribution sources. (Default is zero percent (0%) from your Roth contribution source(s) if no election is made.)

Section F - Payment Instructions (Complete if applicable)

We will mail a check to you at the legal address provided in Section B unless you select an alternative mailing address below. Note: Checks will be mailed within seven days after the processing date.

Mailing Address		
City	State	Zip Code

You may also select other means for receiving your distribution. Complete the appropriate section below.

ONE TIME PAYMENT ONLY:

1. Express mail my check(s). I understand a fee will be deducted from my distribution for this service including a check for Roth contribution(s). Note: Express mail is not available to a PO Box. If a physical address is not provided, your distribution will be mailed to you via regular mail to your legal address provided in Section B or your alternate address if provided above.

Section F - Payment Instructions (Complete if applicable) - continued

2. Wire transfer my payment. I understand that a fee will be deducted from my distribution for this service including a wire for Roth contribution(s); your financial institution may also charge a fee. If MassMutual is unable to process the wire due to inaccurate Financial Institution information provided below, the ABA routing number provided is not wire capable, or the Financial Institution fails to accept the transfer, your distribution will be sent in a check made payable to you and mailed to your address provided in Section B.

To help protect our customers' assets, MassMutual may independently validate bank and customer account information before processing a wire/Direct Deposit/EFT. If we are unable to independently validate the bank and customer account information or sufficient documentation to support the wire/Direct Deposit/EFT is not provided, we 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.

Wire Capable ABA No.	Account No.
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As some ABA routing numbers are NOT federal wire capable, please be sure to check with your financial institution for proper wire instructions. Wires to Credit Unions may take more time and have more detailed instructions. You may include detailed wire instructions below or attach them to this form.

Name on Account (must include participant's name)
Additional Crediting Instructions/ participant's account number

AUTOMATED RMD PROGRAM ONLY:

If you requested an automatic annual payment, you may request an Electronic Funds Transfer (EFT) by completing the information below. Please note that it takes 6 business days to establish the EFT program. If we do not receive your request in time to set up the EFT program by the payment date you elected, you will be sent a check to the legal address in Section B for your first RMD.

By completing the information below and signing in Section I, I authorize MassMutual to initiate credit entries (and to initiate, if necessary debit entries and adjustments for any credit entries made in error) to my account indicated below and the Financial Institution ("Depository") named below, to credit and/or debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority is to remain in full force and effect until MassMutual has received written notification from me of its termination in such time and in such a manner as to afford MassMutual and Depository a reasonable opportunity to act on it.

To help protect our customers' assets, MassMutual may independently validate bank and customer account information before processing a wire/ Direct Deposit/EFT. If we are unable to independently validate the bank and customer account information or sufficient documentation to support the wire/Direct Deposit/EFT is not provided, we 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.

Deposit into my: (Select one) Checking Saving Please provide a voided check or bank specification sheet from your bank for validation.

Name of Financial Institution	Financial Institution Transit Routing Number/ ABA Number (9 digits)
Financial Institution Account Name	Financial Institution Account Number

Section G - Federal Income Tax Withholding

The taxable portion of your payment is subject to **10% federal income tax withholding**, unless you elect not to have withholding apply or elect a greater withholding amount. Please note that you are liable for payment of applicable federal income tax on your distribution and you may also be subject to tax penalties under estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

For Participants, Beneficiaries, and Spouse QDRO Alternate Payees:

- Do not withhold federal taxes. If you are a U.S. citizen residing outside the U.S., you cannot elect out of withholding.
- Withhold the mandatory 10%, plus I voluntarily elect to have additional withholding of: _____ % (whole percentages only)

Section H - State Income Tax Withholding

You may skip this Section if you reside in a state with no income tax or withholding requirement on retirement income.

The taxable portion of your payment may be subject to state tax withholding requirements. While MassMutual will withhold based on your state's income tax rules and your election, if applicable, you are responsible for ensuring you satisfy your individual state income tax liability. If you make an election that is not in compliance with your state's income tax withholding rules, then MassMutual will default to your state's income tax withholding requirements.

State Income Tax Withholding rules are subject to change at any time. For current state specific tax information pertaining to your resident state, you should contact your tax advisor or your state income tax department. Also note, state tax rules may apply differently depending on your type of distribution (i.e., lump sum, periodic, non-periodic, etc.). In addition, some states allow for an exclusion from income distributions from certain retirement plans - to confirm whether you may qualify to exclude all or a portion of your distribution from income for state taxation purposes, you should consult your plan sponsor or state income tax department.

If your state's income taxes are determined based on wage tables, MassMutual is unable to calculate a net amount, you will need to ensure that you have grossed up accordingly. Your request may be delayed if a net amount is requested.

If you do not see your state listed below it is a result of your state not permitting state income tax withholding.

Any tax information included in this written or electronic communication was not intended or written to be used, and it cannot be used by the taxpayer, for the purpose of avoiding any penalties that may be imposed on the taxpayer by any governmental taxing authority or agency.

Your state tax income tax withholding options are:

AR, DE, IA, KS, MD, MA, NC, NE, OK, VT, VA	<p>These states require mandatory state income tax withholding on taxable distributions. MassMutual is required to withhold state income taxes based on state law. You may not elect out of state income tax withholding.</p> <p>Given this withdrawal request is not eligible to be rolled over, if you choose to opt out of federal income tax withholding, MassMutual will automatically opt you out of state income tax withholding unless you indicate below to withdraw taxes. If you did not opt out of federal income tax withholding, then MassMutual will withhold based on state law.</p> <p><input type="checkbox"/> I elect to withhold an amount of \$ _____ (whole dollar amount) or _____ %</p>
CA, ME, OR, DC	<p>These states require mandatory state income tax withholding. MassMutual is required to withhold state income taxes based on state law unless you elect out of withholding: <input type="checkbox"/> I elect no state income tax withholding.</p> <p>Note: The District of Columbia only requires mandatory withholding on a "lump sum" distribution that brings your account balance to zero. If you are requesting a "lump sum" distribution, then you may not opt out of withholding.</p>
AL, AZ, CO, ID, IL, IN, KY, LA, MS, MO, MT, NJ, NM, NY, ND, OH, PA, RI, WV, WI	<p>These states permit voluntary state income tax withholding. You may voluntarily elect state income tax withholding by providing a dollar amount or percentage below. If no election is made for these voluntary states identified, then MassMutual will not apply any withholding.</p> <p><input type="checkbox"/> I voluntarily elect to withhold an amount of \$ _____ (whole dollar amount) or _____ %.</p> <p>Note: IL only permits voluntary state income tax withholding on <u>periodic payments</u>. Lump sum distributions do not allow for state income tax withholding. If a tax election is requested on a lump sum distribution, MassMutual will not apply any withholding. AZ only permits voluntary state income tax withholding on <u>periodic payments</u> where you may only elect one of the following percentages 0.8%, 1.3%, 1.8%, 2.7%, 3.6%, 4.2%, 5.1%. If any other percentage or dollar amount is requested above MassMutual will not withhold. If a tax election is requested on a lump sum distribution, MassMutual will not apply any withholding. If additional amount is requested for periodic payments, please complete section below.</p>
GA, MN, SC, UT	<p>These states permit voluntary state income tax withholding. You may voluntarily elect state withholding by selecting the box below. If no election is made for these voluntary states identified, then MassMutual will not apply any withholding. Please note only Gross Distribution requests are permitted when applying state tax withholding.</p> <p><input type="checkbox"/> Withhold based on my state's tax table formula, if applicable (MassMutual will apply the default tax allowance.)</p>
CT, MI	<p>These states require mandatory state income tax withholding. MassMutual is required to withhold state income taxes based on state law unless you provide an alternate dollar amount or percentage withholding instruction below along with completing your state specific W-4P withholding certificate and submitting it with this form. If a W-4P is not provided, MassMutual will default to your state's mandatory max withholding amount. Note: CT residents, W-4P is only allowed for partial distributions.</p> <p><input type="checkbox"/> I elect to withhold an amount of \$ _____ (whole dollar amount) or _____ %</p>
Additional State Income Tax Withholding	<p>I elect to have an additional _____ % or \$ _____ (whole dollar amount) if state income tax withheld from my payments. This withholding will be in ADDITION to any withholding selected above.</p>

Section I - Applicant Certification and Authorization (required)

I hereby instruct the Plan to distribute my RMD in the manner indicated on this form and understand that my election is irrevocable. I certify that all the information I provided in this form is true and accurate to the best of my knowledge. I understand that providing false or misleading information on this form may constitute fraud and be subject to severe penalties. I acknowledge that:

- I have consulted with the Plan Administrator and am aware of any plan features, plan options and administrative/individual processing fees that may apply to this distribution. Please see the *Important Information* Section for more information about fees.
- I have read the *Required Minimum Distributions Overview* and understand that it is my responsibility to ensure the RMD I have elected and received satisfies the IRS RMD rules. If I provide a 12/31 account balance in Section E, MassMutual will calculate my RMD using that account balance even if my account records with MassMutual indicate a different amount. I am aware that if the full amount of the RMD owed to me is not paid by the Plan by the applicable IRS deadline, I may be subject to an IRS 50% excise tax penalty on the amount of the missed RMD.
- I have received and read the *Summary Plan Description*, was able to ask and receive answers to my questions from the Plan Administrator and agree to be bound by the Plan's provisions.
- If I am a participant and if my plan requires spousal consent for a distribution, I have provided my employer with a properly executed *Spousal Consent for Distribution Form* and, if the plan's normal form of benefit is a QJSA, that I have received and read the *Qualified Joint and Survivor Annuity Form* and provided my Plan Administrator with a waiver.
- I consent to an immediate distribution of the amount and type selected on this form and affirmatively waive the minimum 30-day notice waiting period.
- I have reviewed the state income tax withholding rules in Section H, as applicable to my state. I understand that the state income tax withholding rules described in Section H may have changed.

Note: If the check associated with this request is returned to MassMutual by the U.S. Postal Service as undeliverable, we are unlikely to resend it until you provide us with your updated address. Failure to provide us with your current and valid address may result in the check being considered abandoned property under the laws of the State where the check was mailed (unless preempted by ERISA).

Important Note for Applicants with a Non-U.S. or Non-U.S. Territory residence address:

Please check this box if you are *not* a resident of the United States or a United States Territory. If the current address is not an address within the U.S. or one of its territories, the Participant or QDRO Alternate Payee receiving the distribution is required to fill out and return a *Citizenship Statement* form with the distribution request. Failure to provide a *Citizenship Statement* will result in U.S. Federal taxes being withheld at a rate of 30% for recipients with a non-U.S. residence address. Please ask your Plan Sponsor for a *Citizenship Statement* form or call MassMutual's Customer Service Center for a copy.

Participant/Beneficiary/QDRO Alternate Payee's Signature

Date

Section J - Plan Administrator Certification and Authorization (required)

The Plan Sponsor certifies that the Plan is not subject to the QJSA/QPSA rules (or is otherwise exempt from the rules) and annuity payments are not the normal form of benefit available under the terms of the Plan.

The Plan Sponsor directs MassMutual to calculate the applicable RMD amount for the applicant account specified on this form based on the information reflected in its records and further directs MassMutual to pay, in all instances, the RMD amount calculated as a withdrawal from the applicant's vested account without regard to any specific authorization/acknowledgement, or lack thereof, provided by the applicant in Section J and/or in any separate writing. The Plan Administrator acknowledges its continuing responsibility to monitor the calculation and payment of RMDs and that its authorization does not constitute a delegation of the Plan Administrator's sole responsibility to determine whether the RMD, consent and notification requirements under the Plan, ERISA (to the extent applicable) and the Internal Revenue Code have been met for the applicant or any other Plan participant, beneficiary or QDRO alternate payee.

The Plan Administrator confirms that it has reviewed the Plan document (and the terms of any applicable group annuity or funding contract issued to the Plan Sponsor) to confirm that the form, timing and amount of the requested RMD is consistent with the terms of the Plan, ERISA and the Internal Revenue Code and agrees that the Plan Administrator, and not MassMutual, has made the determination that the applicant is eligible to receive the RMD payment it has authorized under the terms of the Plan and any group annuity contract or funding agreement. The Plan Administrator acknowledges and agrees that it assumes all responsibility for any consequences that result from such distribution, including any required corrective measures or plan disqualification that may result from an impermissible or insufficient distribution. In the event that the RMD is at any time determined to have been impermissible or insufficient under the terms of the Plan or contract and applicable qualified plan rules, the Plan Administrator agrees that MassMutual and its affiliates shall have no responsibility, financially or otherwise, for any associated correction, costs, taxes, fees, expenses, charges, fines, penalties, excise taxes or any other related amount.

The Plan Administrator has reviewed and verified all information reflected on this form and certifies that the information reflected is true and accurate to the best of its knowledge. The Plan Administrator acknowledges and agrees that it has separately obtained any necessary spousal consents (and, if applicable, provided the participant with a *Qualified Joint and Survivor Annuity Form* and received applicable consent) as required by the Plan, ERISA (to the extent applicable) and the Internal Revenue Code prior to authorizing a RMD payment. If the applicant's prior year account balance records were not maintained by MassMutual, the Plan Administrator has verified or supplied the applicant's prior year (as of 12/31) Plan account balance where indicated in Section E.

The Plan Administrator acknowledges that this form does not constitute a delegation by the Plan Administrator of, and the Plan Administrator has not otherwise delegated, its federal income tax withholding duties and liabilities under §3405 of the Internal Revenue Code of 1986, as amended, to MassMutual, as Plan's recordkeeper and that MassMutual is acting as independent contractor of the Plan Administrator in making payments in accordance with these instructions. The Plan Administrator confirms that it is responsible for ensuring that federal and state tax is withheld in accordance with applicable law, and hereby directs MassMutual to withhold federal and state income tax, as applicable, in the manner provided on this form and applicable law.

Section J - Plan Administrator Certification and Authorization (required)

Note: If the Plan is subject to the Qualified Joint & Survivor Annuity/ Qualified Pre-Retirement Survivor Annuity rules and provides for the normal form of benefit payment as an annuity and the Plan Administrator has not obtained the applicable participant or spousal consent to payment of the RMD in a different form, the Plan must generally distribute the RMD in the form of an annuity. Please contact your Account Manager for further assistance.

If applicable, indicate the vesting percentage:

Vesting: Employer Match				%	Vesting: Employer Supplemental				%	Vesting: Other (Specify)				%
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Please be sure the below signatory is on record as an authorized signer for your Plan at MassMutual.

Authorized Plan Administrator's Signature

Date

Authorized Plan Administrator's Name (please print)

Completed and signed forms in "good order" may be Faxed to 877-526-2531 or 800-678-8645; or mailed to:

Regular Mail Address:

MassMutual
P.O. Box 1583
Hartford, CT 06144-1583

Overnight Mail Address:

MassMutual
100 Bright Meadow Boulevard
Enfield, CT 06082

Note: Duplicate requests for a single distribution, such as a fax followed by a mailed original, may result in multiple distributions. MassMutual will not be responsible for any increase or decrease in account value based on investment performance or charges that arise from duplicate requests for a single distribution.

Section K - Important Information

Good Order - "Good Order" means that all required sections of the form are complete, the Applicant has provided their signature authorizing the transaction and the Plan Administrator has provided their signature authorizing MassMutual to process the transaction requested on the form.

MassMutual and its affiliates do not provide legal, investment, accounting or tax advice. You may wish to review your RMD elections with your personal financial or tax advisor before submitting this form. For more information about RMDs from retirement plans, please review your Plan document or contact your Plan Administrator. The IRS also provides information located on their Website at IRS.gov.

Applicant - Plan participant, Beneficiary or QDRO Alternate Payee.

Wire - A Wire is a real-time method of transferring immediate funds and supporting information between two financial institutions using their respective Federal Reserve accounts. With FED wire transactions, the funds are transferred on the same day as processed. The wire is final once the originating bank has sent the funds and the FED confirms receipt. It should be noted that there is no right of return on a FED wire. A recall of the wire may be attempted but the return of the funds is not guaranteed. Payment will generally be deposited into your bank account within 1 day after withdrawal from your Plan account; fees may apply.

EFT (Electronic Funds Transfer) - Processing that occurs between a nationwide network of financial institutions that send electronic messages, via telecommunications lines instead of paper (checks), to transfer money between parties. Payment will generally be deposited into your bank account within 2-3 days after withdrawal from your Plan account.

Stale Address - It is important that you notify us if you change your address. Going forward, your address may change in our records either at your or your employer's direction, or as a result of an address confirmation service provided under our agreement with your employer. Under this service, the addresses in our records are compared against and updated quarterly with addresses received from commercial address update services (e.g., the U.S. Postal Service). If your mail is returned to us or your employer tells us your address is incorrect, we are likely to suspend future mailings until a new address is obtained. Unless preempted by federal law, failure to give us a current address may also result in uncashed distributions from your participant account being considered abandoned property under state law, and remitted to the applicable state. To update your address, contact your Plan Administrator or, if permitted by your Plan, log in to our website at www.massmutual.com/govnp and select the "My Profile" tab at the top of the screen.

Fees - For more information about fees, visit the "News" Section on the Participant web portal, Account Access (massmutual.com/serve).

Refer to the applicable fraud warnings for your state of residence.

The "Company" refers to Massachusetts Mutual Life Insurance Company 1295 State Street, Springfield, Massachusetts 01111-0001

Alabama - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

Alaska - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island, Texas, West Virginia - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California - For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware, Idaho, Indiana, Oklahoma - **WARNING:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia - **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the Applicant.

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousands dollars and the stated value of the claim for each such violation.

Ohio - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon - Any person who, with intent to defraud or knowing that s/ he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico - Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Tennessee - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia and Washington - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

All other states - Any person who knowingly and with intent to defraud, deceive, or injure an insurance company, files a claim containing false, incomplete, fraudulent, or misleading information, may be prosecuted under state law and may be subject to fines and/or confinement in prison.