

# NOTICE OF TERMINATION/RETIREMENT

Account Number \_\_\_\_\_

Contractholder Name \_\_\_\_\_

## PARTICIPANT INFORMATION

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

Participant's Address \_\_\_\_\_  
street

city state zip

Social Security No. \_\_\_\_\_ Marital Status:  Married  Not Married or Legally Separated

Telephone # or E-mail Address \_\_\_\_\_

TO BE COMPLETED BY YOUR PLAN REPRESENTATIVE: Check only one box for Activity.

**Participant Activity:**

- Termination of Employment \*  
 Early Retirement  
 Normal Retirement

**Date Occurred:**


**Participant Activity:**

- Deferred Retirement  
 Disability  
 Other (describe below)

**Date Occurred:**


\* Enter Vesting Percentage: \_\_\_\_\_ %

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**ELECTION OF OPTIONS** Participants with account balances below the Plan's minimum cashout amount (commonly \$5,000; contact the Administrator for details) can only select a One-Sum Cash Payment or Direct Rollover:

- Check with your Plan Administrator to see what payment methods are allowed by your plan.
  - If your Plan requires spousal consent for a benefit other than a Qualified Joint & Survivor Annuity, attach a completed Waiver of Qualified Joint and Survivor Annuity form.
  - Send this form only after all final contributions and any loan repayments are submitted on your behalf. Additional contributions/ repayments are subject to the original benefit election and may be subject to an extra check charge.
- Continuation of Account:** Defer distribution of my vested account balance. I may request payment at any time by completing a Benefit Election form.
- One-Sum Cash Payment:** Direct payment to me of my vested account balance:  
 All or  Amount: \$ \_\_\_\_\_  
Unless "All" is selected, elect an additional benefit option in this Section for the rest of your vested account balance.
- Direct Rollover:** Payment (except required minimum distributions) to:  
 my IRA  my new employer's eligible plan.  
 Include After Tax Amount. *Make sure the rollover plan accepts after tax dollars.*

Name of financial institution or plan trustee to whom the rollover check should be issued:  
\_\_\_\_\_

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**LOAN DATA** (if permitted in the Plan)

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Are there outstanding loans from the Account?  Yes  No

If "yes," I elect to: (if no item is elected below, the loan will be treated as a distribution):

- Enclose a Company check, certified check or money order issued to MassMutual with this form paying off my full loan balance. (only available if still within the Plan's cure period for loan repayment)
- Default on the outstanding loan balance and treat it as a distribution. If I elect installment payments of less than 10 years or a one-sum cash payment, federal income tax may be withheld on the defaulted loan amounts.
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**INCOME TAX WITHHOLDING** Do not complete this section if Continuation of Account is elected.

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**FEDERAL WITHHOLDING:** Distributions of pre-tax contributions, plus interest on all contributions, are subject to federal income tax. Federal income tax law requires that 20% of the taxable amount of the distribution be withheld, unless the payment is directly rolled over to an eligible employer plan or an IRA. Installment and annuity payments payable over life, life expectancy or 10 years or more are not eligible to be rolled over, and you 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*. **Contact your tax advisor or the IRS if you have any questions concerning tax withholding.**

**One-Sum Cash Payment/Rollover**

I read the Special Tax Notice and (check one):

- Withholding does not apply as I have directly rolled over the entire taxable payment (except any required minimum distribution).
- 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 \$ \_\_\_\_\_.

**STATE WITHHOLDING:** State income tax is withheld as noted below. For additional information, contact your state's Department of Revenue.

- **No Withholding:** Residents of states without state income tax (Alaska, Florida, Nevada, South Dakota, Texas, Washington and Wyoming) or with no withholding provisions (District of Columbia, Hawaii, Idaho, Mississippi, New Hampshire and Tennessee) must leave this section blank.
  - **Required Withholding:** Residents of Iowa, Kansas, Maine, Maryland (for eligible rollover distributions), Massachusetts, Nebraska, North Carolina (for eligible rollover distributions), Oklahoma, Vermont or Virginia who have federal income tax withheld will have state income tax withheld from the taxable portion of a payment. You may elect an additional amount to be withheld in Box 1. Residents of Iowa, Oklahoma and Vermont who do not have federal income tax withheld may elect to have state income tax withheld in Box 1.
  - **Required but may Elect Out:** Residents of California, Delaware, Georgia (for periodic payments only), North Carolina (for ineligible rollover distributions) or Oregon who have federal income tax withheld will have state income tax withheld from the taxable portion of a payment over the state's minimum amount, unless Box 2 is checked. You may elect an additional amount to be withheld in Box 1.
  - **Voluntary Withholding:** Residents of all other states may elect to have state income tax withheld by completing Box 1.
    1.  **Additional or Voluntary Withholding:** I want \$ \_\_\_\_\_ (enter whole dollar amount) withheld from my payment for state income tax in addition to any required withholding.
    2.  **No Withholding:** I do **not** want state income tax withheld from my payment.
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**SIGNATURES**

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I understand that I have a right to a 30-day election period. I further acknowledge that I am waiving the 30-day election period by making an affirmative election on this distribution form.

I understand there may be a charge for each check issued or a one-time installment or annuity set-up fee deducted from my account balance and, if all required items are not completed on this form, payment will be delayed.

\_\_\_\_\_  
Participant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Plan Administrator

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

f6820 042009 **MassMutual Retirement Services – N405, 1295 State St, Springfield MA 01111-0001**

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