

WITHDRAWAL REQUEST

Account Number _____

Contractholder Name _____

Plan 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 _____

WITHDRAWAL REASON AND AMOUNT

 Check only one box and enter withdrawal amount

- Hardship Withdrawal*
 Required Minimum Distribution
 Other In-Service Withdrawal**

**Reason _____

Gross Amount: Withdraw \$_____ from my vested account balance. I understand that any income tax withholding will be deducted from this amount. If the amount available is less than requested, I want to withdraw the amount available: Yes No

Net Amount: Withdraw \$_____ from my vested account balance plus withdraw any income tax withholding. If the amount available is less than requested, I want to withdraw the amount available: Yes No

Percent: Withdraw _____% of my vested account balance. I understand that any income tax withholding will be deducted from this amount.

* Money is prorated across all investments. For financial hardship withdrawals, first complete a Hardship Statement. A hardship withdrawal should not be requested unless other sources (including an in-service withdrawal or loan from the Plan if you are eligible) are not available. You also need to take any loan available under the Plan. After the date of the withdrawal, you may not be able to make any further before-tax or after-tax employee contributions for either a 6-month period or as provided by the terms of the Plan.

FEDERAL INCOME TAX WITHHOLDING ELECTION

Distributions of pre-tax contributions plus interest on all contributions are subject to federal income tax. Please read the Special Tax Notice. **Contact your tax advisor or the IRS if you have any questions concerning tax withholding.**

- Non-Hardship Withdrawal:** I read the Special Tax Notice and I understand that 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. I elect to:
- 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 \$_____.
 - Withholding does not apply as I elect to directly roll over the entire taxable payment (except any required minimum distribution) to: my IRA my new employer's eligible plan.
- Name of financial institution or plan trustee to whom check should be issued:

- Hardship Withdrawal/Required Minimum Distribution:** I read the Special Tax Notice and I understand that my hardship withdrawal or required minimum distribution is not subject to the 20% mandatory federal income tax withholding as it is not an eligible rollover distribution. I understand that if no election is made, MassMutual will withhold federal income tax. I elect:
- No federal income tax withholding
 - Federal income tax withholding of 10%
- In addition to this federal income tax withholding, I want an additional amount withheld of \$_____.

STATE INCOME TAX WITHHOLDING

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.

SIGNATURES

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 deducted from my account for each check issued and, if all required items are not completed on this form, payment will be delayed.

Participant

_____/_____/_____
Date

Plan Administrator

_____/_____/_____
Date