

Required Minimum Distributions Overview

What are Required Minimum Distributions?

Required Minimum Distributions (“RMDs”) are minimum amounts that a participant in a tax-deferred retirement plan account must generally withdraw annually starting with the year that he/she reaches 70½ in order to avoid significant tax penalties. Beneficiary RMDs must generally begin in the year after the participant dies. Alternate payee (under a QDRO) RMDs must begin when the associated participant’s RMDs are required to begin. The date on which the plan participant, beneficiary or alternate payee must begin receiving RMDs from his or her account is generally referred to as the “Required Beginning Date” or “RBD”.

When must I begin to receive a RMD?

Participants, beneficiaries and alternate payees (under a QDRO) must start receiving RMDs by the date indicated in the chart below. **Note:** The terminated/retired/active statuses mentioned in the chart refers to participant employment status with the employer that sponsors the Plan.

What is a Required Beginning Date?

Generally, the RBD is April 1st following the year the participant attains age 70½ or retires (e.g., terminates employment), whichever is later. For a participant who is a 5% Owner (see definition below)*, there is generally no ability to defer the RBD until after retirement; accordingly, for 5% Owners, the RBD is April 1st following the year the participant turns age 70½, whether or not he/she is retired. The participant’s RBD also determines when a beneficiary or alternate payee (under a QDRO) must begin taking RMDs.

*A 5% Owner, as defined in Internal Revenue Code Section 416, is an individual who owns more than 5% of company stock or business interest; or a spouse, child, grandparent or parent of a 5% Owner. Ownership for RMD purposes is determined as of the plan year ending in the calendar year the participant attains age 70½. Once a participant is considered a 5% Owner, he/she is generally always considered a 5% Owner for RMD purposes, even though he/she may no longer be considered a 5% Owner for other plan purposes (e.g., non-discrimination testing.)

Types of Applicant	RMD Due Dates
<p>Participants:</p> <ul style="list-style-type: none"> • I turned 70½ this calendar year and, • I am retired or have terminated employment and, • This is my first RMD • I am 70½ or older and, • I retired or have terminated employment in a prior year and, • This is <u>not</u> my first RMD • I am a 5% owner and • I am 70½ or older in the current calendar year and • I am not retired 	<ul style="list-style-type: none"> • Your 1st RMD is due by 12/31 this calendar year, but you may elect to defer its payment until 4/1 next calendar year (your RBD). • Note: If you defer your 1st RMD until 4/1 next year, you still will be required to take your 2nd RMD by 12/31 next year resulting in two required payments in one tax year. • You are required to receive your RMD by 12/31. • Your 1st RMD is due by 12/31 but you may elect to defer its payment until 4/1 next calendar year (your RBD). • If this is not your 1st RMD, the RMD is due by 12/31. • Note: If you defer your 1st RMD until 4/1 next calendar year, you still will be required to take your 2nd RMD by 12/31 next year resulting in two required payments in one tax year.
<p>Beneficiaries:</p> <ul style="list-style-type: none"> • I am a spouse or non-spouse beneficiary of a participant who died <u>after</u> his/her RBD • I am a spouse beneficiary of a participant who died <u>before</u> his/her RBD • I am a non-spouse beneficiary of a participant who died <u>before</u> his/her RBD • I am a non-person beneficiary (e.g., charity, estate) of a participant who died <u>before</u> his/her RMD. 	<ul style="list-style-type: none"> • You are required to receive an RMD by 12/31 of the calendar year following the participant's death. Note: If the participant did not receive his/her yearly RMD before death, the participant’s RMD must be paid to his/her designated beneficiary(ies) in the year of death. • Yearly RMDs (Life expectancy Rule Option) - You may elect to receive RMDs starting 12/31 of the calendar year following the participant's death based on your life expectancy. If you are the participant's only primary beneficiary you may elect to defer RMDs until 12/31 of the year the participant would have attained age 70½. • Single Sum Payment (5-Year Rule Option) - You may elect to receive the participant's entire account balance by 12/31 of the 5th anniversary of the participant's death. You may request a lump sum payment in the 5th year or partial/installment payments for up to 5 years. • Yearly RMDs (Life expectancy Rule Option) - You may elect to receive RMDs starting 12/31 of the calendar year following the participant's death based on your life expectancy. • Single Sum Payment (5-Year Rule Option) - You may elect to receive the participant's entire account balance by 12/31 of the 5th anniversary of the participant's death. You may request this as a lump sum payment in the 5th year or partial/installment payments for up to 5 years. • The participant's entire account balance must be paid by 12/31 of the 5th anniversary of the participant's death under the 5-Year Rule. You may request a lump sum payment in the 5th year or partial/installment payments for up to 5 years.
<p>QDRO Alternate Payees:</p> <ul style="list-style-type: none"> • I am a QDRO Alternate Payee 	<ul style="list-style-type: none"> • Generally, your RMD is due when the participant's RMD is due (even if you are not age 70½).

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.

Can the Plan's distribution provisions be different than the RMD rules under the Internal Revenue Code (IRC)?

Yes. It is possible that the Plan document may require that participant, beneficiary and/or alternate payee (under a QDRO) distributions begin earlier than as required by law. The Plan may also restrict and/or prescribe the form(s) of payment you can elect (i.e., lump sum, partial payment, installments, annuity). Please refer to the Plan Document or the plan administrator to see what rules apply to you. Note: The chart above reflects the general RMD rules under the IRC.

When must I take annual RMDs?

After you receive your first RMD, annual RMDs must be paid by 12/31 of each year. This is also true for beneficiaries who elect the Life Expectancy Rule. For beneficiaries who elect the 5-Year Rule, the participant's entire account balance must be paid by 12/31 of the 5th calendar year following the participant's date of death.

What happens 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 based on the RMD amount due for the tax year but which was not paid to you. To report and pay the federal excise tax due, you will need to file an IRS Form 5329. File this form with your IRS tax return. In some cases you may be eligible to apply for a waiver of these excise tax penalties. You should refer any questions concerning your individual tax situation to your accountant or other tax professional. MassMutual does not provide legal or tax advice.

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. If you are a participant, to calculate your RMD:

- Find your age on the IRS Uniform Life Table* as of the close of the current year.
- Locate the corresponding distribution period.
- Divide your account balance as of 12/31 of the prior year by your distribution period.

*See IRS Publication 590.

Do different RMD calculation rules apply to beneficiaries?

Yes. Beneficiary RMDs are determined using the Single Life Expectancy table. Special rules may apply depending on whether you are a spouse, non-spouse or a non-person beneficiary. Please refer to the Plan document or IRS Publication 590.

Generally, if the participant died before his/her RBD, and you are a surviving spouse, look up your age on the Single Life Expectancy table and divide your account balance as of 12/31 of the prior year by the distribution period from the table each year and RMD is due. If you are a nonspouse, for the first year your RMD is due look up your age on the Single Life Expectancy table and divide your account balance as of 12/31 of the prior year by the distribution period from the table. For each subsequent year's distribution period, subtract one ("1") for the original distribution period.

If the participant dies on or after his/her RBD, the RMD distribution period is the greater of the beneficiary's life expectancy or participant's remaining life expectancy had he or she lived.

Do different RMD calculation rules apply to alternate payees (under a QDRO)?

Yes. If you are a former spouse you will generally be treated as a surviving spouse for purposes of applying the RMD rules. Your account is not aggregated with the participant's account to determine the RMD. Thus, RMDs will be paid to both you (determined using your account balance) and the participant (determined by using the participant's account balance). The same participant RMD calculation method applies as described above. If you are 10 years younger or fewer than the participant, the distribution period is based on the Uniform Lifetime Table, which is based on the participant's age. If you are more than 10 years younger than the participant, the distribution period on the Joint and Last Survivor expectancy Table is based on your age and the participant's age. Please refer to the Plan document or IRS Publication 590.

How will a withdrawal during the year affect my RMD?

Any amounts withdrawn from your Plan during the year will be applied to your RMD payment. For instance, if your current year RMD is \$5,000 and you take \$2,000 in withdrawals during the year you will be required to take an additional \$3,000 before that calendar year's RMD due date. Note: Any corrective distributions (e.g., excess deferrals) or loan defaults that result in taxable distributions which you may have received during the calendar year do not count towards that calendar year's RMD

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.

What if I have multiple accounts?

- Aggregation of Plan Types - You cannot satisfy this Plan's RMD by combining it with an account you may have in the same type of plan (e.g., another 401(k) plan with another employer) or a different type of plan (e.g., 401(a), 401(k), 403(b), 457(b) or IRA) for which you are the account holder. However, if you have more than one 403(b) contract with the same employer, you may combine the contracts and have the total RMD owed on all the contracts paid to you from one or more of the 403(b) contracts. IRAs may also be combined for RMD purposes.
- Aggregation of Multiple Provider Investments - Some plans of the same employer (e.g., 403(b), 457(b)) may permit you to invest your plan account with more than one provider. In that case, you may have the RMD paid to you from one or more accounts that are connected to the same type of plan with the same employer.

What are my tax considerations?

- Federal 10% income tax withholding will be applied to the taxable portion of your periodic RMD payments (unless you elect out of withholding or a different withholding amount). If you are a U.S. citizen residing outside the U.S. you may not elect out of withholding.
- State income taxes may also be required to be withheld.
- Withholding is for pre-payment of federal (or state) income tax. You may be subject to additional federal and/or state taxes when you file your income tax return for the year.
- Your RMD cannot be directly or indirectly rolled over. If an RMD is due for the year, the RMD must be paid first before. If an RMD is due for the year, the RMD must be paid first before any subsequent distribution made in the form of a direct rollover.
- If your address is outside of the United States, a Citizenship Statement is required to be submitted with your RMD Election Form. If this form is not received, MassMutual will withhold 30% Federal income tax towards taxes from your payment.

What form do I complete?

Complete the *Required Minimum Distribution Request* (RMD Form). You may obtain a copy of the applicable RMD form from your plan administrator or by contacting us at the phone number listed on page 1 of the distribution form.

How will MassMutual process my RMD?

- We will process your RMD upon receipt of a completed RMD or Beneficiary Form that is in Good Order.
 - We will calculate your RMD using the information you submitted on the RMD or Beneficiary Forms. It is your responsibility to inform MassMutual if your marital status and/or withholding elections have changed since submitting the form by contacting us at the phone number listed on page 1 of the distribution form before your scheduled payment(s).
- It is also your responsibility to ensure that you receive the total RMD due from the Plan for the year.

Next steps

- Determine if you are due a RMD after reviewing this document.
- Complete the RMD or Beneficiary Form.
- Return the completed form as instructed on the distribution form.
- Consult with the plan sponsor and/or your own legal and/or tax advisors, as appropriate for your specific circumstances.

Your retirement planning decisions are based on your personal situation. You may want to consult with your investment or tax advisor.

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.

For more information on RMDs you may want to consider referring to IRS Publication 590, *Individual Retirement Arrangements (IRAs)*, which contains similar RMD rules as retirement plans as well as the distribution period tables used for RMD calculations and the IRS *Retirement Topics* page on their website entitled *Required Minimum Distribution (RMDs)*. These materials can be found at IRS.gov. For more information about the Plan's distribution rules, refer to the Plan document, your plan's Summary Plan Description (SPD) or contact the plan administrator.

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.

This page has intentionally been left blank.

Required Minimum Distribution Request Form

This form is intended for retired employees (separated from service) age 70½ or older, Beneficiaries, and QDRO Alternate Payees

457(b) Governmental, 401 and 403(b) Plan Administrator Authorization Required

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 beneficiary and wish to defer your distribution (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 Retirement Services ("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	
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*.

Section C - QDRO Alternate Payee or Beneficiary Information

Original Participant's Name		Original Participant's SSN	
Original Participant's Date of Retirement/ Date of Severance from Service or Date of Death		Original Participant's Date of Birth	
Relationship to participant: <input type="checkbox"/> Spouse <input type="checkbox"/> Former spouse <input type="checkbox"/> Non-spouse			

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.

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.

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)

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.

Please process this year's RMD and all future year RMDs on: Month(MM) Day(DD) (01-28) (Default is Dec. 1st if no election is made)

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.

- Last year was the first year I became subject to RMDs and I elected to defer my first RMD until this year. I also elect an immediate distribution of my prior year's deferred RMD upon receipt of this form (form must be received between January 1st and March 15th).
- (B) **One Time Only RMD Calculation** I hereby elect MassMutual to calculate and immediately distribute my RMD for this year only 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.
- Last year was the first year I became subject to RMDs and I elected to defer my first RMD until this year. I also elect an immediate distribution of my prior year's deferred RMD upon receipt of this form (form must be received between January 1st and March 15th).

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:

- Express mail my check(s). I understand a \$7.00 fee will be deducted from my distribution for this service. Note: Express mail is not available to a PO Box.
- Wire transfer my payment. I understand that a \$15.00 fee will be deducted from my distribution for this service; your financial institution may also charge a fee. Note: Your wire will be delayed if you provide invalid wire instructions or account numbers. The minimum amount for wires is \$10.00.

Wire Capable ABA No.	Account No.
----------------------	-------------

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.

Deposit into my: (Select one) Checking Savings Please provide a voided check or deposit slip.

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 different 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

Skip this Section if you reside in a state with no income tax or withholding on retirement income.

The taxable portion of your payment may also be subject to state income tax withholding. If you do not make an election below, state income taxes will only be withheld if required by state law. (Note: Regardless of applicable state income tax withholding rules, you are liable for payment of applicable state income tax on the amount of your distribution. In certain states 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.)

Your options for state tax withholding are: (Note: These rules are subject to change at any time. For current tax information pertaining to your resident state, please contact your tax advisor or your state income tax department.)

AR, DC, DE, IA, KS, ME, MD, MA, NC, NE, OK, VT, VA	These states require mandatory state withholding if federal taxes are withheld. MassMutual is required to withhold based on state law. You may not elect out of state income tax withholding.
CA, OR	These states require mandatory state 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.
MI	This state requires mandatory state withholding. MassMutual is required to withhold state income taxes based on state law unless you provide alternate withholding instructions by completing a Michigan Withholding Certificate (<i>MI W-4P Withholding Certificate for Michigan Pension and Annuity Payments</i>) and submitting it with this form.
AL, AZ, CO, CT, GA, ID, IL, IN, KY, LA, MN, MS, MO, MT, NJ, NM, NY, ND, OH, PA, RI, SC, UT, WV, WI	These states permit voluntary income tax withholding. You may voluntarily elect state withholding by providing an election below: I voluntarily elect to withhold an amount of: \$ _____

Section I - Applicant Certification and Authorization

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.

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)				%
----------------------------	--	--	--	---	-----------------------------------	--	--	--	---	-----------------------------	--	--	--	---

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 Retirement Services
P.O. Box 1583
Hartford, CT 06144-1583

Overnight Mail Address:
MassMutual Retirement Services
1 Griffin Road North
Windsor, CT 06095-1512

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.

MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) (of which Retirement Services is a division) and its affiliated companies and sales representatives.

Fraud Warning Statements

The following states require insurance applicants to acknowledge a fraud warning statement specific to that state. Please refer to the specific fraud warning statement for your state as indicated below. If your state is not separately listed, please refer to the NAIC Model Fraud Statement below.

NAIC Model Fraud Statement: 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.

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.

Arkansas - 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.

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 settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

District of Columbia - Warning: It is a crime to provide false or misleading information to an 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.

Indiana - A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

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.

Louisiana - 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.

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. However, the lack of such a statement shall not constitute a defense against prosecution under RSA 638:20.

New Jersey - Any person who knowingly includes any false or misleading information on an application for an insurance policy, or files a statement of claim containing any false or misleading information, is subject to criminal and civil 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 thousand 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.

Oklahoma - Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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.

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.