

WITHDRAWAL REQUEST

Important Note: The terms and availability of hardship distributions vary by plan. Please check with your plan sponsor/employer to obtain information regarding any applicable restrictions and to help determine your eligibility for a hardship distribution prior to completing this form. Depending on the requirements applicable to your plan, you may need to provide certain supporting documentation in connection with your hardship withdrawal request. Your hardship withdrawal request cannot be processed until approved by your plan sponsor.

Account Number	Sponsor Name
Plan Name	

PARTICIPANT INFORMATION (Please print)

Name (First, Middle, Last)		Social Security No.
Street Address		
City	State	Zip Code
Legal State of Residence _____		
If the Legal State of Residence is not provided, MassMutual will use the state provided in the Mailing Address for state tax purposes.		
Phone Number	E-mail Address	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Not Married or Legally Separated		
Interested in receiving text message updates on your request?		
If so, then check the box below to begin the process to subscribe to the "MMDIST" automated text messaging service, and provide us with your mobile phone number. You will receive an initial text message from MassMutual, respond YES to "opt-in" and receive recurring SMS alerts from our automated text messaging service for this transaction. Standard message and data rates may apply. You may cancel this optional subscription at any time. Review our Terms of Use at https://www.massmutual.com/tc , and our Privacy Policy at https://www.massmutual.com/privacy-policy .		
<input type="checkbox"/> Send me text message updates on my request. Mobile #: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		

WITHDRAWAL REASON AND OPTIONS

Check one box indicating the withdrawal reason. In addition, enter the withdrawal amount & payout election.

TO BE COMPLETED BY YOUR PLAN REPRESENTATIVE:

Vesting - Enter the Vested % for each employer contribution source: _____ %

(If multiple vesting schedules, please provide vesting % for each.) TPA Signature: _____

Withdrawal Reason:

- Hardship Withdrawal*
- Other In-Service Withdrawal - Reason: _____

* For hardship withdrawals, first complete the appropriate Participant Hardship Statement. A hardship withdrawal should not be requested unless other sources (including an in-service withdrawal from the Plan if you are eligible) are not available.

Withdrawal Amount: \$ _____ or _____ %

Type: Net Amount (after taxes) Gross Amount (before taxes)*

If the amount available is less than requested, the amount available will be withdrawn. Only vested money can be withdrawn. If a type is not chosen, the withdrawal will be paid out as a Gross distribution.

Payout Election (Select One): If no payout election is made, a Lump Sum Cash payment will be issued to the participant. Money will be removed prorated among all sources. Hardships will be paid out as Lump Sum Cash payments.

Lump Sum Cash (Participant Payee)

IRA/Plan Rollover**

Conversion to my ROTH IRA**

**Name of Rollover Institution

SOURCE OF PAYMENT FOR PARTIAL WITHDRAWALS

If you requested a partial withdrawal from your vested account, your payment will be processed using MassMutual's normal default withdrawal hierarchy unless Special Instructions are provided below.

Special Instructions:

FEDERAL INCOME TAX WITHHOLDING (Participant completes)

Distributions of pre-tax contributions plus interest on all contributions are subject to federal income tax.

Non-Hardship Withdrawal - 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. **Contact your tax advisor or the IRS if you have any questions concerning tax withholding.**

Withholding does not apply as I have directly rolled over the entire taxable payment.

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 \$ _____

Hardship Withdrawal - These withdrawals are not subject to mandatory federal income tax withholding as it is not an eligible rollover distribution. If no election is made, MassMutual will withhold 10% federal income tax.

Contact your tax advisor or the IRS if you have any questions concerning tax withholding.

Do not withhold federal income taxes from the taxable portion of my payment.

Deduct the 10% mandatory federal income tax withholding from the taxable portion of my payment.

Deduct a total percentage of _____ % federal income taxes from the taxable portion of my payment.

Deduct the 10% mandatory federal income tax withholding from the taxable portion of my payment and withhold an additional amount of \$ _____

Note: If you make an election that is not in compliance with federal income tax law, MassMutual will default to the federal income tax requirement based on the withdrawal reason and payout election.

STATE INCOME TAX WITHHOLDING

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 income 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 compliant 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 sponsors 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. There may be a delay if you request a net amount.

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 purpose of avoiding any penalties that may be imposed on the taxpayer by any governmental taxing authority or agency.

Your state income tax withholding options are:

AR, DE, KS, MD, MA, NC, NE, 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>Requests for Required Minimum Distributions (RMDs), Hardship, and installment payment programs over a period of 10 years or more are not eligible to be rolled over. If you choose to opt out of federal income tax, MassMutual will automatically opt you out of state income tax. 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, DC, IA, ME, OK, OR	<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, UT, 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: AZ and IL only permit voluntary state income tax withholding on periodic payments. If a tax election is requested on periodic payments and no amount or % is provided, MassMutual will default based on state rules. 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</p> <p>If the additional amount is requested for periodic payments, please complete section below.</p>
GA, MN, SC	<p>These states permit voluntary state income tax withholding. You may voluntarily elect state income tax 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 income 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 amount will be in ADDITION to any withholding selected above.</p>

DELIVERY INSTRUCTIONS (complete if applicable)

- Direct deposit to a bank account of which I am an authorized account holder - Deposited within 3 business days from date of processing**

This option is NOT available for Rollovers.

To elect Direct Deposit, you must select either Checking or Savings and you must provide a voided check or a bank specification sheet from your bank for validation.

To help protect our customers' assets, MassMutual may independently validate bank and customer account information before processing Direct Deposit/EFT. If we are unable to independently validate the bank and customer account information or sufficient documentation to support the 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. If the account cannot be validated, a check will be mailed even if a voided check or financial instrument is submitted with distribution request.

- Checking Savings

Bank Name _____

Bank ABA/Routing (9 digits) _____ Bank Account No. _____

Please note that we can only send funds via direct deposit to banks with a valid U.S. routing number.

I understand that if I do not fully complete this section or the bank account information I have provided is invalid, a check will be mailed. I understand that a reprocessing fee may be charged to my account if the direct deposit is declined by my financial institution. Subsequent withdrawals will be processed in the same manner (up to 180 days from the date of the original distribution) unless I notify MassMutual in writing to distribute the money differently. I also authorize MassMutual to initiate a debit to my account for any overpayment or payments made in error.

- Send my payment by check - Allow up to 10 business days for postal service delivery.**

Your cash payment will be mailed to the address contained in our files.

- Send my check express mail delivery to the address specified according to plan provisions. A special mailing fee will be applied to each check issued.**

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 distribution processed and, if all required items are not completed on this form, payment will be delayed. For more information about fees, visit the retirement web portal at www.RetireSmart.com. Select the Current Retirement Statement at the top of the Statements/Required Disclosures page. If electing direct deposit, by signing below I certify that I am an account holder on the bank account listed above.

To receive the hardship withdrawal requested above, I hereby certify, acknowledge and agree that the following requirements have been or will be satisfied:

- The amount requested pursuant to this hardship withdrawal request does not exceed the amount of my financial need for which I am requesting a hardship withdrawal, after applicable tax withholding and penalties;
- I have obtained all currently available distribution amounts available to me under this and any other plan of my plan sponsor/employer, including any in-service withdrawals from rollover and/or after tax employee contributions (in accordance with the plan document and applicable law). If there are additional amounts available for withdrawal under the plan other than for hardship reasons, I certify that such amounts (if any) have been paid to me prior to this request for a hardship withdrawal. If my plan requires that I take all available participant loans (unless such loans would cause further hardship), I certify that, if so required, I have taken such loans prior to this request for a hardship withdrawal; and
- I have insufficient cash or other liquid assets to satisfy the financial need for which I am requesting a hardship withdrawal.
- If I have not been required to supply documentation of my hardship event and hardship amount to my Plan Administrator in connection with my hardship withdrawal request, I understand and agree that I am required to maintain records of such documentation of the hardship event and amount, and I will provide such documentation to my Plan Administrator or its designee upon request.

Participant

Date

As Plan Administrator or an authorized representative of the Plan, I hereby direct MassMutual to distribute from the participant's vested account the amount necessary to pay the benefit in the manner indicated in this form in accordance with the terms of the Plan and participant election. I have reviewed the Participant Certification of Financial Hardship, the Participant Hardship Statement and have verified the Participant Information, Distribution Reason and Vesting, and certify that each is true and accurate to the best of my knowledge and that I have obtained any spousal consent for distribution forms (and, if applicable, provided the *Qualified Joint and Survivor Annuity* Form to the participant) that may be required by the Plan and/or ERISA and the Internal Revenue Code. I represent and agree that I have obtained and reviewed such information as required under the plan and any applicable procedures with respect to the reason for the participant's hardship withdrawal request. I acknowledge that this form does not constitute a delegation by the Plan Administrator of, and the Plan Administrator has not otherwise delegated, its income tax withholding duties and liabilities under §3405 of the Internal Revenue Code of 1986, as amended, to the Recordkeeper and that the Recordkeeper is acting as independent contractor of the Plan Administrator or Service Provider in making payments in accordance with these instructions. The Plan Administrator confirms that it is responsible for ensuring that state tax is withheld in accordance with current state law, and hereby directs MassMutual to withhold state tax, as applicable, in the manner provided on this form. The Plan Administrator acknowledges and agrees that this form reflects distributable events that may not be available under all plans. As a result, the Plan Administrator confirms that it has reviewed its Plan document to confirm that the requested distribution is in fact permitted and assumes all responsibility for any consequences that result from such distribution, including any correction or disqualification that results from an impermissible distribution. I have reviewed the Plan document as well as the Plan's group annuity contract or funding agreement, and I, and not MassMutual, have made the determination that the participant is eligible under the terms of the Plan, contract and applicable law to receive this distribution. In the event that the distribution is at any time determined to have been impermissible under the terms of the Plan or contract and applicable qualified plan rules, I agree that MassMutual and its affiliates shall have no responsibility, financially or otherwise, for any associated correction, costs, taxes, fees, expenses, charges, fines, penalties, charges, excise taxes or any other related amount. I, as authorized Plan representative and fiduciary and not MassMutual, made any and all fiduciary determinations with respect to this hardship distribution.

Plan Administrator

Date

RS-30037-03

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