

***BENEFIT ELECTION AT AGE 70½***  
***(Required Minimum Distribution Election)***  
**457(b) Governmental Plan**

**IMPORTANT: Your benefit cannot be less than the Required Minimum Distribution (RMD). You may request a larger amount; however, distributions from this Plan cannot be used to meet RMD requirements of other retirement plans.**

Account Number

Sponsor Name

Plan Name

Participant's Name

first

middle

last

Participant's Address

street

city

state

zip

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.

Check if Mailing Address or Legal State of Residence has changed.

Social Security No.

Telephone # or

E-mail Address

Marital Status:

Not Married or Legally Separated

Married – Spouse's Birth Date

mm/dd/yyyy

Check if you are currently receiving installment payments.

**REQUIRED MINIMUM DISTRIBUTION (RMD)**

**Refer to your Plan Highlights for further detail on your available benefit options.**

**RMD** - I elect to take my annual RMD, as determined under the Treasury regulations. (Complete the remainder of this form.)

**In addition to the RMD above, I elect a Cash Payment** in excess of the RMD: \$

**INCOME TAX WITHHOLDING**

**FEDERAL WITHHOLDING:** Distributions of pre-tax contributions plus interest on all contributions are subject to federal income tax. RMDs are not eligible to be rolled over. Therefore, you may choose whether to have federal income tax withheld from this distribution. If no election is made, MassMutual will withhold federal income tax at the 10% withholding rate applicable to non-periodic payments. Any additional cash payment amount in excess of the RMD is an eligible rollover distribution and is subject to 20% mandatory federal income tax withholding. Please read the *Special Tax Notice(s)*. **Contact your tax advisor or the IRS if you have questions concerning tax withholding.**

**Required Minimum Distribution:** I elect to have federal income tax:          not withheld          withheld.

**One-Sum Cash Payment in excess of the Required Minimum Distribution Amount:** I read the Special Tax Notice(s) and 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 \$

**STATE WITHHOLDING:** Contact your tax advisor or your state's tax department if you have any questions concerning state tax withholding. Refer to the *State Tax Information* document for important information regarding State Withholding in your Legal State of Residence. If you make an election that is not in compliance with your state's regulations, MassMutual will default to your state's requirements.

**No State Tax Withholding Election**

I have read the *State Tax Information* document and I elect to have no state income tax withheld from my payment(s).

**Voluntary State Income Tax Withholding**

I have read the *State Tax Information* document and I elect to have the following voluntary state income tax withheld from my payment(s) (choose one):

%

\$ (whole dollar amount)

based on my state's tax table formula, if applicable (MassMutual will apply the default tax allowance)

**Additional State Income Tax Withholding**

I have read the *State Tax Information* document and I elect to have an additional % or \$ (whole dollar amount) state income tax withheld from my payment(s).

**METHOD OF PAYMENT**

**Direct deposit to a bank account of which I am an 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 copy of a pre-printed, account-specific deposit slip or a bank specification sheet from your bank for validation.

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

**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 balance for each distribution processed and, if all required items are not completed on this form, payment will be delayed. If electing direct deposit, by signing below I certify that I am an account holder on the bank account listed above.

Participant \_\_\_\_\_

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

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

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

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MassMutual Retirement Services, PO Box 219062, Kansas City MO 64121-9062

COMPLETE BOTH PAGES

For Overnight Mail: MassMutual Retirement Services, 430 W 7th St, Kansas City MO 64105

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