

HARDSHIP WITHDRAWAL REQUEST

IMPORTANT: For use by participants still employed by the Company to request a hardship withdrawal. First complete the appropriate Hardship Statement and submit it to your Plan Administrator.

- Refer to your Summary Plan Description for additional detail on sources that can be withdrawn.
- Money is prorated across all investments.
- 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 reasonably available. After the withdrawal, you may not be able to make any further before-tax or after-tax employee contributions for a 6-month period or as provided by the terms of the Plan.

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: Married Not Married or Legally Separated

----- **TO BE COMPLETED BY PLAN ADMINISTRATOR:** -----

- Is this a hardship withdrawal? Yes No

- For Non-Elapsed time plans, has the Participant worked 1000 hours during this plan year? Yes No

WITHDRAWAL OPTIONS (Check only one box)

If the Plan requires spousal consent and you are married, attach a completed Waiver of Qualified Preretirement Survivor Annuity form.

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.

INCOME TAX WITHHOLDING

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 a non-hardship withdrawal be withheld, unless the payment is directly rolled over to an eligible employer plan or an IRA. Hardship withdrawals are not eligible to be rolled over, and you have the choice to have federal income tax withheld (if no election is made, 10% must be withheld for federal income tax). Please read the *Special Tax Notice(s)*. **Contact your tax advisor or the IRS if you have any questions concerning tax withholding.**

Participant Payee: I have read the Special Tax Notice(s). I understand that a hardship withdrawal is not subject to the 20% mandatory federal income tax withholding as it is not an eligible rollover distribution. If withholding is elected below, 10% of the taxable amount is withheld.

I elect to have federal income tax: withheld not withheld

In addition to this federal income tax withholding, I want an additional amount withheld 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 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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