



Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”)

Distribution Form

INSTRUCTIONS:

Please PRINT and complete ALL sections and ALL pages applicable to your plan on the form and SIGN at the end.

Section A: PLAN INFORMATION		
Contract/Plan/Subscriber Number	61985	Plan Name IUOE Local 138 Annuity Plan
Section B: PAYEE INFORMATION		
Name (First, Middle, Last)	Social Security Number	
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	
Section C: DISTRIBUTION AMOUNT		
<p>Note: Amount cannot exceed \$100,000 (gross) unless a lower amount is established by your plan. The \$100,000 limit is applied based upon all plans maintained by the employer (and any member of the controlled group that include the employer). It is the Participant's responsibility to manage this and ensure the total withdrawn from all retirement accounts does not exceed \$100,000. Distribution is prorated across all investments and available sources within the Plan.</p>		
<p>Gross Amount: Withdraw \$ _____ from my vested account balance. I understand that any income tax withholding may be deducted from this amount. If the amount available is less than requested, maximum amount available will be distributed.</p>		
Section D: EMPLOYMENT STATUS & VESTING VERIFICATION (TPA or PA completes)		
Employment Status (select one): <input type="checkbox"/> Active <input type="checkbox"/> Retired/Retirement Date: ____/____/____ <input type="checkbox"/> Terminated/Termination Date: ____/____/____		
Vesting – Enter the Vested % for each employer contribution source: _____% (If multiple vesting schedules, provide vesting % for each.)		
TPA Signature (when applicable): _____		

Section E: LOAN DATA (Termed/Retired Participants only - if applicable)

I elect to (if no item is elected below or no payoff check is received with the paperwork, the loan will be defaulted and treated as a distribution):

Enclose a personal check, cashiers check or certified check issued to: Reliance Trust Company as Trustee paying off my full loan balance. Please provide your Name and Contract Number on the check.

Default on the outstanding loan balance and treat it as a distribution. If you elect a one-sum cash payment, federal taxes will be withheld on the defaulted loan amounts.

*****NOT APPLICABLE*****

Leave my outstanding loan balance open and continue making payments. You are responsible for making all loan payments coming due during the set up of the automated payment service. If this option is not allowed by your plan, your loan(s) will default.

AUTHORIZATION FOR PARTICIPANT LOAN DEBIT ACH ("AGREEMENT") I authorize Massachusetts Mutual Life Insurance Company (hereinafter known as "MassMutual"), to initiate debit entries on a monthly basis to the bank account designated below, in the bank named below (hereinafter known as Bank). I authorize and request the Bank to accept any debit entries initiated by MassMutual for such account without responsibility for, or liability for, the correctness or accuracy thereof.

Bank Name:	City:	State:
ACH Transit Routing Number:	Bank Account Number:	
Account Type (select one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Debit Day* (Select one. If none is selected, 15 th of a month will be selected as a default. <input type="checkbox"/> 3 rd of a month <input type="checkbox"/> 15 th of a month		
*If the debit day is not a business day, the debit will occur on the next business day. Please attach a voided check or a pre-printed deposit slip from the account referred to above.		

It is understood and agreed that this Agreement shall remain in full force and effect until MassMutual receives written notification from me of its cancellation. Such notification shall be forwarded to MassMutual at its corporate headquarters. Any such notification to MassMutual shall be effective only with respect to entries initiated by MassMutual after receipt of such notification and a reasonable period of time within which to effect such notice. It is understood and agreed that MassMutual reserves the right to terminate this Agreement at any time with written notice to me. The Bank and MassMutual will not be liable in any manner for damages incurred if 1) there are at any time insufficient funds available in the account to initiate any debit entries or adjustment entries on the processing date; or 2) any other circumstances beyond the control of MassMutual or the Bank. I understand and agree, as acknowledged by the signing of this Agreement, that MassMutual and the Bank are responsible only for exercising ordinary care in the course of their respective duties regarding the processing of debit entries and adjustment entries pursuant to this Agreement.

Section F: FEDERAL INCOME TAX WITHHOLDING

Distributions of pre-tax contributions plus interest on all contributions are subject to federal income tax. Federal income tax law requires that MassMutual withhold 10% of the taxable amount, unless you elect no withholding below. If no election is made, MassMutual will default to the required withholding. **Contact your tax advisor or the IRS if you have any questions concerning tax withholding.**

Participant Payee I understand that a CARES Act withdrawal that is not eligible for rollover may have after-tax repayment options available and I should contact my Plan Sponsor with any questions. If withholding is elected below, MassMutual will withhold the amount indicated or what is required by law.

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 \$ _____

Section G: 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) and installment payment programs over a period of 10 years or more are not eligible to be rolled over. If you chose to opt out of federal income tax withholding, MassMutual will automatically opt you out of state income tax withholding. 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, 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 <u>on periodic payments</u>. 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, UT	<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	I elect to have an additional _____% or \$_____ (whole dollar amount) of state income tax withheld from my payments. This amount will be in ADDITION to any withholding selected above.
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Section H: DELIVERY INSTRUCTIONS

Direct deposit to a bank account of which I am an authorized account holder. 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.

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. I also authorize MassMutual to initiate a debit to my account for any overpayment or payments made in error.

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.

Send my payment by check. We will mail a check to you at the legal address provided in Section B.

Section I: SPOUSAL CONSENT, if required by Plan

NOTE: You must check with your Plan Sponsor in advance to determine if your spouse's consent is required for this distribution.

I am the spouse of the Participant. I hereby consent to the Distribution requested by the Participant as described above. I understand that I am not obligated to consent to this distribution and that this distribution may reduce the amount of any benefit I may be entitled to from the plan. I understand that my consent to the distribution is irrevocable and that I may obtain additional information about the potential impact on my benefit from the plan administrator prior to providing this consent.

Spouse's Signature

Date

Notary Public Signature

Date Commission Expires

Date

OR

If Not Notarized – Plan Administrator Signature

Date

Section J: PARTICIPANT CERTIFICATION and AUTHORIZATION

I certify and represent that I qualify for a Coronavirus Related Distribution based on the qualification criteria listed below. If all required items are not completed on this form, payment will be delayed. .

Coronavirus Related Distribution Qualification Criteria

- Diagnosed with SARS-CoV-2 or COVID-19 by a test approved by the Centers for Disease Control and Prevention
- Spouse or dependent is diagnosed with SARS-CoV-2 or COVID-19
- Experiences adverse financial consequences as a result of being quarantined because of SARS-CoV-2 or COVID-19
- Being laid off or furloughed or having work hours reduced because of SARS-CoV-2 or COVID-19
- Being unable to work due to lack of child care because of SARS-CoV-2 or COVID-19
- Closing or reducing hours of a business owned or operated by the individual because of SARS-CoV-2 or COVID-19

I understand by signing below I am certifying that this a Coronavirus-related Distribution, and I understand that I may be required to maintain and/or provide documentation to my Plan Sponsor and/or the IRS.

If electing direct deposit, by signing below I certify that I am an account holder on the bank account listed above.

Important Note for Participants 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 Beneficiary 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

Date

Section K: PLAN ADMINISTRATOR AUTHORIZATION

By signing below, I certify, as Plan Administrator that I have obtained the participant's consent and self-certification of eligibility for the CARES Act distribution requested on this form. I further certify that I have verified the participant's eligibility for the distribution and advised the participant of his or her rights under the Plan as well as, any fees applicable to the distribution. As Plan Administrator, I agree that I am responsible for authorizing this distribution from the plan as well as any subsequent reporting requirements, and I have confirmed that this distribution is permissible under the terms of the plan, its intended operation and applicable law.

I understand that the proper tax treatment and other qualification criteria applicable to distributions pursuant to the CARES Act are subject to regulations to be issued by the Department of Labor and/or the Internal Revenue Service. It is my responsibility to ensure the plan complies with any such requirements. I agree that MassMutual shall have no responsibility or obligation for ensuring this distribution meets statutory or regulatory requirements.

Plan Administrator

Date

Section L: RETURN INSTRUCTIONS

After you have completed ALL sections on ALL pages applicable to your plan and SIGNED the form, please remit:

FAX: 816-701-8005, Attention: RS CSO Processing	EMAIL: RSCSOProcessing@massmutual.com
Regular Mail Address: MassMutual P.O. Box 219062 Kansas City, MO 64121-9062	Overnight Mail Address: MassMutual 430 W 7 th Street Kansas City, MO 64105
TPAs only , please remit to:	
FAX: 816-701-3921	EMAIL: TPAProcessing2@massmutual.com

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