

***Income Tax Withholding
From Nonperiodic Payments***

CONTRACT NUMBER

CONTRACTHOLDER NAME

DEPT., SUB. or GRP.

Participant Information

PARTICIPANT'S NAME

SOCIAL SECURITY NUMBER

MAILING ADDRESS - NUMBER AND 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.

Federal Tax Withholding Election

Massachusetts Mutual Life Insurance Company is required by law to withhold 10% of the taxable part of your ineligible rollover distribution for Federal income tax unless you elect otherwise.

We are also required to notify you that if sufficient Federal income tax is not withheld from your taxable distribution, you may be required to pay estimated taxes.

A penalty might also be imposed by the IRS if your withholding and estimated tax payments do not satisfy minimum IRS requirements.

Use this form to: a) elect to have income tax withheld from your distribution; b) specify an additional amount to be withheld; or c) elect to have no income tax withheld.

Please contact your tax advisor or the IRS if you have any questions.

Complete the following Federal income tax information. Refer to the reverse side of this form for state income tax information and signature requirement.

I have read the above tax explanation, and:

I elect **NOT** to have Federal income tax withheld from my distribution.

I elect to have 10% of my taxable distribution withheld for Federal income tax.

I also would like the following additional amount withheld from my distribution - \$ _____.

See reverse side

State Tax Withholding (if applicable)

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).

Signature (required)



PARTICIPANT'S SIGNATURE

DATE

Failure to submit this election with your request for a cash payment may cause your payment to be delayed.