

QUALIFIED DOMESTIC RELATIONS ORDER (QDRO) - BENEFIT PAYMENT

1. QDRO ELECTION

Account Number

Sponsor Name

New QDRO Set-Up and Payout – Complete sections 1 through 8 on this form.

New QDRO Set-Up – Complete sections 1, 2, 3, 4 & 8 on this form and submit enrollment form. If enrollment form is not completed, Alternate Payee's benefit will be placed in the Plan's default fund.

Existing QDRO Payout – If you previously submitted this form to set up a separate account for Alternate Payee, and the account can now be paid out, complete sections 1-3 and sections 5-8.

2. PARTICIPANT INFORMATION

Social Security No.

Participant's Name

first

middle

last

Participant's Address

street

city

state

zip

3. ALTERNATE PAYEE INFORMATION

Alternate Payee Relationship: Former Spouse Non-spouse [Complete and attach a separate form for each Alternate Payee.]

Alternate Payee's Name

first

middle

last

Social Security No:

Gender:

Male

Female

Date of Birth (mm/dd/yyyy)

Alternate Payee's

Address

street

city

state

zip

Legal State of Residence

Phone Number

If the Legal State of Residence is not provided, MassMutual will use the state provided in the Alternate Payee's Address for state tax purposes.

4. ALTERNATE PAYEE BENEFIT INFORMATION - To be completed by the Plan Administrator

Note: Do not send the Court Order to MassMutual.

I, the Plan Administrator, reviewed the domestic relations order for the Participant in which a portion of the account balance is awarded to the Alternate Payee, and I determined the order constitutes a Qualified Domestic Relations Order pursuant to Internal Revenue Code Sections 401(a)(13) and 414(p).

▪ **Amount of Benefit:** \$ _____ or _____ % from the Participant's vested account balance as of:

▪ **Effective Date (select one):**

Specified Effective date (mm/dd/yyyy)

Date QDRO is processed by MassMutual.

▪ **Earnings (only applies if a Specified Effective date is chosen - select one)** - From the effective date until the date the money is moved to the alternate payee's separate account, investment gain or loss should:

Be added to the amount of benefit as of the effective date entered above by (select one – If no calculation is elected, Earnings will be based on the Amount of the Benefit's Rate of Return):

The Amount of Benefit's Rate of Return (A calculated overall rate of return of the account during the period between the effective date of the QDRO and the actual division of the account pursuant to the QDRO, which is based on the beginning and ending account balance and is time weighted to reflect the duration of the assets within the account attributable to transactions during such period, including contributions, withdrawals and loans, if any. This will be used as the default if no other election is made).

Fixed rate of interest of _____ % (do not annualize)

Other: _____ (please specify earnings dollar amount in accordance with the QDRO).

Not be added to the amount of benefit.

▪ **Loan Balances:** The vested account balance for this determination: includes excludes outstanding loan balances.

▪ **Does the Effective date of this QDRO precede MassMutual receiving the Participant's assets?** No Yes (if yes, please complete Assets from Prior Record Keeper section below).

▪ **Assets from Prior Record Keeper (if applicable):** If the Amount of Benefit is determined as of an Effective Date that occurred before all of the money in the participant's account was transferred to MassMutual, then MassMutual will be unable to calculate earnings for the entire period. Please enter the amount of the participants balance as of the effective date of the QDRO: \$ _____ and the amount of earnings from the QDRO effective date through the date the assets were transferred to MassMutual: \$ _____.

- **Benefit Commencement:** [Refer to your Plan document to determine if the benefit option can be immediately payable. If a distribution is requested and this section is not completed, we will assume the benefit is Immediately Payable]
Immediately payable.

Not immediately payable. (**Attach an Enrollment form** to set up a separate account for the Alternate Payee and have the Alternate Payee complete the form, including Investment Selection and Beneficiary Designation. Plan Administrator will submit a Qualified Domestic Relations Order (QDRO) Benefit Payment form prior to the benefit commencement date or upon the Participant's termination of employment if earlier. If the Benefit is not Immediately Payable and an Enrollment form is not submitted, we will invest the Alternate Payee's benefit in the default fund)

5. BENEFIT PAYOUT (Select One) – To be completed by the Alternate Payee

One-Sum Cash Payment of the benefit as a direct payment to me.

Installment Payments (if permitted by the Plan): Periodic payments from my account to start the first day of _____ month _____ year

Payments are to be made: Monthly Quarterly Semi-Annually Annually.

For a Fixed Period of _____ years (not to exceed life expectancy)

For a Fixed Amount: Each payment should be a gross amount of: \$ _____. I understand that any income tax withholding will be deducted from this amount.

[Note: These payment amounts may need to be adjusted at age 70½ to meet IRS minimum distribution rules.]

For the maximum period allowed by law: [Note: Changes to life expectancy and calculation method may be limited or not allowable based on the Plan document.]

Life Expectancy: my life only my and my beneficiary's lives (beneficiary's birth date _____)

Calculation Method: term certain (at time of first payment) recalculation (annually) mm/dd/yyyy

Spousal QDRO Only: A **Direct Rollover** of:

All or _____ Amount: \$ _____

To: _____ my IRA _____ my employer's eligible plan.

No, do not include After Tax Amount Yes, Include After Tax Amount. **Make sure the rollover plan accepts after tax dollars. If no election is made, a check will be issued payable to you for the after tax amount.**

Name of financial institution/name of employer's plan to whom the rollover check should be issued:

[Note: If a portion of the benefit is rolled over, the remainder is paid as a one-sum cash payment to the alternate payee.]

Spousal QDRO Only: **Conversion to my Roth IRA:** Payment (except required minimum distributions) to my Roth IRA.

Name of financial institution to whom the rollover check should be issued:

[Note: If a portion of the benefit is rolled over, the remainder is paid as a one-sum cash payment to the alternate payee.]

Joint and Survivor Annuity (if permitted by the Plan): A survivor annuity purchased from Massachusetts Mutual Life Insurance Company. After my death, 100% 75% 66⅔% 50% of the annuity payments should continue to my Joint Annuitant. **The annuity election cannot be revoked.**

Joint Annuitant's Name _____

Birth Date _____

Relationship _____

Social Security No. _____

Payments commencing: _____ immediately _____ at participants' earliest retirement age (deferred)

Annuity (if permitted by the Plan): An annuity contract purchased from Massachusetts Mutual Life Insurance Company. The beneficiaries I previously designated continue under the Stipulated or Full Cash Refund Annuities. **The annuity election cannot be revoked once payments commence.**

Primary Beneficiary's Social Security No. _____ (Attach separate sheet with numbers if more than one beneficiary.)

Life Annuity Life Annuity with 120 Stipulated Payments Full Cash Refund Annuity

Payments commencing: _____ immediately _____ at participants' earliest retirement age (deferred)

6. INCOME TAX WITHHOLDING Complete this section if benefit is immediately payable.

FEDERAL WITHHOLDING: Distributions of pre-tax contributions plus earnings on all contributions are subject to federal income tax. Federal income tax law requires that 20% of the taxable amount of the distributions be withheld, unless the payment is directly rolled over to an eligible plan or an IRA. Installment and annuity payments payable over life expectancy or 10 years or more are not eligible to be rolled over, and you have the choice to have federal income tax withheld (if no election is made, MassMutual will withhold federal income tax). Please have the alternate payee read the *Special Tax Notice(s)*. **The alternate payee, and the participant in the event of a non-spousal payee, should contact a tax advisor or IRS with any questions concerning tax withholding.**

Spousal Payee: (Completed by Alternate Payee)

- Withholding does not apply as the entire taxable amount is being directly rolled over.
- Deduct the 20% mandatory federal income tax withholding from the taxable portion of my one-sum cash payment or installment payments for under 10 years.
- Deduct the 20% mandatory federal income tax withholding from the taxable portion of my one-sum cash payment or installment payments for under 10 years and withhold an additional amount of \$ _____.
- Deduct federal income tax from my installment/annuity payments of 10 years or more or based on life expectancy according to my elections below (refer to IRS instructions for Form W-4P for more information):
 - a. Single Married Married, but withhold at the higher single rate
 - b. Number of allowances _____
 - c. I want the following additional amount withheld from each payment: \$ _____

Non-spousal Payee: (Completed by Participant, who pays federal income tax for this QDRO distribution)

- I elect to have federal income tax: not withheld withheld.
- If "withheld" is elected for installment or annuity payments, complete below (refer to IRS instructions for Form W-4P for more information):
- a. Single Married Married, but withhold at the higher single rate
 - b. Number of allowances _____
 - c. I want the following additional amount withheld from each payment: \$ _____

Participant's Signature: (For Non-spousal Payee, Participant's signature needed for Federal Withholding above)

_____ / _____ / _____
 Participant Date

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).

7. METHOD OF PAYMENT

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

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.

8. SIGNATURES

I understand that I have the right to a 30-day election period. I further acknowledge that if I sign this form before the completion of the election period, I am waiving the 30-day election period by making an affirmative election on this distribution form. I also understand there may be a charge deducted from my account balance for each distribution processed (or adjustments due to incorrectly completed items). If all of the items are not completed on this form, payments will be delayed. If electing direct deposit, by signing below I certify that I am an account holder on the bank account listed above.

Alternate Payee (signature needed if either QDRO payout boxes checked on reverse side)

_____/_____/_____
Date

I, the plan administrator, certify the above information is correct. If applicable (for a non-spousal payee) I certify I witnessed the Participant's signature consenting to the federal income tax withholding election(s).

Plan Administrator (signature always required)

_____/_____/_____
Date