

# Required Minimum Distribution (RMD) Election Form

Account Number

Sponsor Name

Participant's Social Security No:

Participant's Name

first

middle

last

Participant's Address

street

city

state

zip

Telephone #

E-mail Address

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.**

Marital Status:

Not Married or Legally Separated

Married – Spouse's Birth Date

## REQUIRED MINIMUM DISTRIBUTION (RMD) ELECTION

Tax Year:

If this is your first RMD, you may defer receipt to April 1<sup>st</sup> of the following calendar year. To defer receipt of your initial RMD, you must return this form between January 1 and March 1 of the following calendar year.

**Note:** If you choose to defer your RMD until the following calendar year, and MassMutual receives your form in the current tax year, we will process it upon receipt.

## INCOME TAX WITHHOLDING

**Contact your tax advisor, the IRS and/or your state's tax department if you have questions concerning tax withholding. Please read the enclosed Special Tax Notice and State Tax Information documents.**

**FEDERAL WITHHOLDING:** Distributions of pre-tax contributions plus earnings on all contributions (except earnings with respect to qualified distributions from a Roth account if applicable) are subject to federal income tax. However, because RMDs are not eligible to be rolled over, you may choose not 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. I elect:

No Federal Income Tax Withholding

Voluntary Withholding at 10%

Voluntary Withholding at 10% plus an additional amount of \$ .

**STATE WITHHOLDING:** If you make an election that does not comply 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.

**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 (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.

**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 account balances that include ROTH money.

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

**Send RMD by check**

**SIGNATURE**

I understand there may be a processing fee deducted from my account for each distribution processed and, if all required items are not completed on this form, payment will be delayed and that significant tax penalties may apply if the delay causes the payment to be made in the following calendar year. If electing direct deposit, by signing below I certify that I am an account holder on the bank account listed above.

Participant

Date

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