



Local No. 8 Retirement Plan and Trust  
419-666-4450 62327-1-1

### Required Minimum Distribution (RMD) Election Form

Use this form to request a required minimum distribution following attainment of age 70½, unless you are still employed.

- Your choices on this form may affect your taxes. You may want to consult a tax or financial advisor.
- If your distribution will be sent to an address outside of the United States, Puerto Rico, the U.S. Virgin Islands or Guam, you must also submit either an IRS Form W-9 to certify you are a U.S. person or a Form W-8BEN if you are a non-resident alien with respect to the U.S. To obtain these forms or for assistance in determining which form you should submit, please go to the IRS website at [www.irs.gov](http://www.irs.gov) or consult with a tax advisor. If you do not submit one of these forms along with this form, 30% tax withholding will be applied to your distribution.
- Please return your completed form to: **Local No. 8 Retirement Plan and Trust, P.O. Box 60408, Rossford, OH. 43460.**

#### 1. MEMBER INFORMATION (to be completed by the member. Please print in CAPITAL LETTERS)

Marital Status  
 Married     Not Married    \_\_\_\_/\_\_\_\_/\_\_\_\_  
BIRTH DATE

\_\_\_\_-\_\_\_\_-\_\_\_\_  
SOCIAL SECURITY NUMBER

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LAST NAME	FIRST NAME	MIDDLE INITIAL

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STREET ADDRESS	CITY	STATE	ZIP CODE

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(____)____-____	(____)____-____	
DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER	E-MAIL ADDRESS

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IF MARRIED, SPOUSE'S DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

If marital status is left blank or married is chosen and spouse's birth date is not provided, your RMD will be calculated using the single life expectancy calculation.

#### 2. REQUIRED MINIMUM DISTRIBUTION ELECTION

Tax Year: \_\_\_\_\_

By completing and returning this form, you are electing to receive an RMD. If you are married and your spouse does not consent to your waiver of payment of a QJSA, this election will be irrevocable. If you are not married or you are married and your spouse consents to your waiver of payment of a QJSA, you must still return this election form annually and if you are married, you cannot change the form of your benefit payment without your spouse's consent.

If this is the first calendar year in which you are required to receive an RMD, you may defer receipt to April 1 of the following calendar year by returning this form between January 1 and March 1 of that calendar year. Note: If MassMutual receives your form in the current calendar year, we will process it upon receipt in the current calendar year and your RMD will not be deferred until the following calendar year.

### 3. 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. 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 amount of state income tax withheld from my payment.  
\$ \_\_\_\_\_ OR \_\_\_\_\_ %

### 4. 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.

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

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Bank Name	Bank ABA/Routing	Bank Account No.
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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

## 4. MEMBER SIGNATURE

I understand that I am responsible for ensuring that the amount MassMutual calculates and distributes fulfills my annual RMD requirement from the Plan. I further understand that if I have previously received an RMD and I am married and my spouse has not previously consented to distribution in a form other than a QJSA, then my spouse's consent to the waiver of the QJSA for the current year will apply to those prior RMDs as well or I may repay the prior RMDs and receive a QJSA. I further 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.

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Participant

Date

## 5. SPOUSAL CONSENT

I, the Participant's spouse, understand that: (1) I have a right to have the Plan pay my spouse's retirement benefits in the special QJSA payment form, as described on the last two pages of this form; (2) if I do not sign this form, then my spouse and I will receive payments from the plan in the QJSA payment form; (3) by signing this form, I may receive less money than I would have received under the special QJSA payment form and I may receive nothing after my spouse dies, depending on the payment form that my spouse chooses; and (4) my spouse cannot choose a different form of retirement benefit unless I agree to the change (unless to increase the survivor benefit of the Joint and Survivor Annuity). I agree that my spouse can receive retirement benefits in the form my spouse elected on the attached distribution form and I voluntarily elect to relinquish my right to limit my consent to a specific payment election unless I check the following box D

I further understand that if my spouse has previously received an RMD from the Plan and I have not previously consented to distribution in a form other than a QJSA, then my consent to the waiver of the QJSA will apply to those prior RMDs as well as all future RMDs. I understand that I do not have to sign this form and acknowledge that I am signing this agreement voluntarily.

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Spouse Signature

Date

WITNESSED:

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Signature of Notary Public (*stamp or seal required*)

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Date (MM-DD-YYYY)

If Notary Public my commission expires: \_\_\_\_\_

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## 6. PLAN ADMINISTRATOR SIGNATURE

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Signature of Authorized Plan Representative

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Date (MM-DD-YYYY)