



The enclosed materials are to assist you with your request for a distribution from your Local No. 8 IBEW 401(k) assets.

Please read the enclosed Legal Notices Regarding Plan Benefits which contains important information and details your payment options. All balances are eligible for rollover into an IRA, Roth IRA or another qualified plan if you elect to do so. You cannot request a distribution of your 401(k) funds until you have actually terminated employment or have attained age 59½.

Under the terms of the Plan, you may elect a form of distribution as listed on the Benefit Distribution Form. Any distribution made directly payable to you will have 20% Federal Income Tax withheld.

Please note, you have the option of expediting the delivery of your check. By checking the applicable box on the form, you agree to pay a \$40.00 fee for this service. Your check will be mailed to you by overnight delivery the day the check is written based on the settlement period(s) of the investments being liquidated for your withdrawal or distribution. If you elect any other distribution method, including direct deposit, prior to delivery of your check, your withdrawal or distribution may be delivered by that method and you will not receive a refund of this fee.

You must complete the applicable sections of the Benefit Distribution Form. If you have an outstanding loan and would like to pay off your remaining loan balance, please send your certified check made payable to State Bank & Trust along with the completed forms.

Please return the Benefit Distribution Form to:

I.B.E.W. Local No. 8 401(k) Plan
P.O. Box 60408
Rossford, OH 43460

If you have any questions or require further assistance, please call the Fund Office at (419) 666-4450 or a MassMutual Customer Service Representative at our toll-free number 1-800-743-5274.



Local No. 8 IBEW Retirement Plan & Trust
1-800-743-5274 62327-1-1 (401(k) assets)

401(K) BENEFIT DISTRIBUTION FORM

- Use this form to request a payment of benefits after retirement, disability, or other termination of employment.
- 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 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: **IBEW Local No. 8 401(k) Plan, P.O. Box 60408, Rossford, OH 43460.**

1. ELECT PLAN ASSETS TO BE DISTRIBUTED (check all that apply)

401(k) Plan Assets 401(k) Rollover Assets

2. REASON FOR DISTRIBUTION

Retirement Disability Termination Other

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

_____-_____-_____
SOCIAL SECURITY NUMBER

Marital Status
 Married Not Married

_____/_____/_____
BIRTH DATE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET ADDRESS CITY STATE ZIP CODE

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

4. FORM OF PAYMENT

Select the form of your benefit payment by completing this section. (Your "Summary Plan Description" may describe other distribution options that apply only in limited circumstances or only to certain participants and that are not fully reflected here. You should consult the Summary Plan Description for details on the forms of payment of benefits that may be available to you.)

If you want to roll over any or all of your distribution, you must complete sections 5 and 6.

Immediate Lump-Sum Distribution (please skip sections 5 and 6 of this form).

Direct Rollover (please complete sections 5 and 6 of this form).

Partial Distribution in the amount of \$ _____ or _____ % of my accounts (gross amount, before taxes, if any, are withheld; complete both sections 5 and 6 of this form if you are rolling over any part of your distribution).

Regular installment payments in the amount of \$ _____

Pay installments on the following schedule (check one): Monthly Quarterly Semi-annually Annually
(Installments will be set up for the first day of the month following receipt of this election)

If you are electing to receive a partial distribution or installment payments and you currently have a loan against your 401(k) assets, please choose one option below:

- I would like to defer my loan and continue making payments
- I will cease payments on my loan and have it become a taxable distribution

If you elected to receive your distribution as a lump sum, partial withdrawal or a series of installments for less than 10 years, and you do not want to roll it over into an IRA or another qualified plan, please skip to sections 5 and 6.

Direct Deposit is available for Lump Sum, Installments, and Partial Distributions (not available for rollovers)

- 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

Bank Name

Bank ABA/Routing

Bank Account No.

Expedited Check Delivery is available for Lump Sum, Partial Distributions, and Direct Rollovers (Deliveries will not be made to P.O. Boxes)

- By checking this box, I agree to pay a \$40.00 fee for expedited delivery of my check. I understand that my check will be mailed to me by overnight delivery the day the check is written based on the settlement period(s) of the investments being liquidated for this withdrawal or distribution. I understand that if I elect any other distribution method, including direct deposit, prior to delivery of my check, my withdrawal or distribution may be delivered by that method and I will not receive a refund of this fee.

5. DIRECT ROLLOVER ELECTION

If any part of your distribution is an “eligible rollover distribution” (as described in the “Special Tax Notice Regarding Plan Payments”), you may elect a tax deferred “direct rollover” of that amount to another employer plan or to an IRA. If you do not elect a direct rollover of that eligible amount, the benefit will be paid directly to you, and 20% of the taxable amount will be withheld and credited against any federal income taxes you owe. Choose one of the two options below:

- Roll over my entire eligible rollover distribution indicated in section 6.
- Pay \$ _____ OR _____ % to me as cash, and roll over the balance as directed in section 6 of this form.
- Rollover \$ _____ OR _____ % as directed in section 6 and pay the remaining balance to me as cash.
- Rollover \$ _____ OR _____ % as directed in section 6 and leave remainder in plan.

6. RECEIVING IRA OR EMPLOYER PLAN OR ANNUITY

IMPORTANT: *Your “direct rollover” check from the Plan will be made payable to the employer plan or IRA that you describe below, for your benefit, and the “direct rollover” check will be mailed to you at the most recent address the Plan has for you on file. You should deliver the check to the IRA custodian or employer plan trustee as soon as you receive it. However, if you provide the full name, address, and account number of an IRA you have already established, your “direct rollover” will be sent directly to the custodian or trustee of that IRA. In order to have the check sent directly to the custodian or trustee of the IRA, the account number must not be your social security number. If your account number is your social security number the check will be mailed to you. Please ensure that the IRA custodian or trustee or Plan Trustee will accept all assets you are requesting to be rolled over prior to submitting this form. (check one of the two options and complete mailing instructions below):*

My “Direct Rollover” should be:

- made to my employer’s plan
- made to my appropriate IRA (Please complete the proper forms to establish your IRA(s). If conversion to a Roth IRA applies, check below):

Mailing Instructions (choose one)

- Mail check to me made payable to:

NAME OF EMPLOYER PLAN OR IRA CUSTODIAN/TRUSTEE

- Make Direct Payment to the following Custodian/Trustee:

NAME OF IRA CUSTODIAN/TRUSTEE IRA ACCOUNT NUMBER

ADDRESS CITY STATE ZIP CODE

7. FEDERAL AND STATE INCOME TAX WITHHOLDING ELECTION

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 a distribution be withheld, unless the payment is directly rolled over to an eligible employer plan or an IRA. Please read the Special Tax Notice(s). Contact your tax advisor or the IRS if you have any questions concerning tax withholding.

Federal Tax Withholding Election

Refer to the Instructions for important information regarding Federal Withholding

Lump Sum, Partial Cash Payment, or Installment payments of less than 10 years:

I read the Special Tax Notice(s) and (select only one option below, if no election is made federal taxes will be withheld at 20% for distributions that are not rolled over):

Deduct the 20% federal income tax withholding from the taxable portion of my payment.

Deduct the 20% federal income tax withholding from the taxable portion of my payment and an additional amount of \$_____.

Installment Payments projected to last 10 years or more:

Do NOT withhold federal taxes

I want the following \$_____ OR _____% withheld from **each** payment.

State Tax Withholding Election

Refer to the Instructions for important information regarding State Withholding. 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):

1. ____%

2. \$_____ (whole dollar amount)

3. ____ 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).

8. PARTICIPANT SIGNATURE

I make the distribution elections indicated above. I have read "Special Tax Notice Regarding Plan Payments" and I know I have at least 30 days to decide whether or not to elect a direct rollover of any eligible rollover distribution. I understand my distribution choices, including my right to defer payments to me under the Plan. I hereby waive the 30 day period.

Signature of Participant

_____/_____/_____
Date (MM-DD-YYYY)

9. PLAN ADMINISTRATOR SIGNATURE (Fund Office Use Only)

Signature of Authorized Plan Representative Date

_____/_____/_____
Date MM-DD-YYYY