



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.

4. FEDERAL AND STATE INCOME TAX WITHHOLDING ELECTION

Federal Tax Withholding Election

Hardship Withdrawals:

I read the Special Tax Notice(s). I understand that a hardship withdrawal is not subject to the 20% mandatory federal income tax withholding as it is not an eligible rollover distribution. Select only one option below, if no election is made federal taxes will be withheld at 10%.

- Deduct the 10% federal income tax withholding from the taxable portion of my payment.
- Do NOT withhold federal income taxes.

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).

5. 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. If electing direct deposit, by signing below I certify that I am an account holder on the bank account listed above.

Signature of Participant

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

6. PLAN ADMINISTRATOR SIGNATURE (Fund Office Use Only)

Signature of Authorized Plan Representative Date

_____/_____/_____
Date MM-DD-YYYY