



The enclosed materials are to assist you with your request for an in-service distribution from the Employer Contributions of your Local No. 8 IBEW Retirement Plan and Trust.

To request a distribution from your plan account, please complete the applicable sections of the In-Service Distribution Form. Under the terms of the Local No. 8 IBEW Retirement Plan and Trust, you may elect a form of distribution as listed in the In-Service 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.

Be sure to read the Legal Notices Regarding Plan Benefits which contains important information and details your payment options. After carefully reviewing all information, please return the In-Service Distribution Form to:

**Local No. 8 IBEW Retirement Plan and Trust.**  
**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.



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

## EMPLOYER CONTRIBUTION IN-SERVICE DISTRIBUTION FORM

- Use this form to request a payment while you are still employed and over age 60.
- 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: **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)

- Employer Contributions  Employer Contribution Rollover Assets

### 2. REASON FOR DISTRIBUTION

- Age 60 Withdrawal

### 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. DISTRIBUTION AMOUNT

I request an in-service distribution in the amount of (*check one*):

(If you want to rollover any portion of your in-service withdrawal, you must complete the rollover instructions.)

\$ \_\_\_\_\_

The maximum amount available

**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.

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## 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.

**\*Please refer to the Special Tax Notice Regarding Plan Payments for the tax consequences associated with rolling over to a Roth IRA.**

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## 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 traditional IRA
- made to my Roth IRA

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**Mailing Instructions (choose one)**

- Mail check to me made payable to:**

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NAME OF EMPLOYER PLAN OR IRA CUSTODIAN/TRUSTEE

- Make Direct Payment to the following Custodian/Trustee:**

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NAME OF IRA CUSTODIAN/TRUSTEE

IRA ACCOUNT NUMBER (required)

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ADDRESS CITY

STATE

ZIP CODE

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## 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:**

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 \$\_\_\_\_\_.

**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. SPOUSAL CONSENT**

**I am the spouse of the member whose signature appears above.** I have read the Notice of Retirement Annuity Benefits. I understand that I have the right to have the plan pay my spouse's retirement benefits in the qualified joint and survivor annuity payment form, and **I agree to give up that right for this distribution.** I understand that by signing this spousal consent, I may receive less money than I would have received under the qualified joint and survivor annuity payment form and I may receive nothing after my spouse dies, depending on the payment form that my spouse chooses. I agree that my spouse can receive retirement benefits in the form selected above. I understand that my spouse cannot choose a different form of retirement benefits unless I agree to the change. I understand that I do not have to sign this spousal consent. I am signing this spousal consent voluntarily. I understand that if I do not sign this spousal consent, then my spouse and I will receive payments from the plan in the qualified joint and survivor annuity payment form.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (MM-DD-YYYY)

WITNESSED:

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (MM-DD-YYYY)

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

**9. 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)

**10. PLAN ADMINISTRATOR SIGNATURE (Fund Office Use Only)**

\_\_\_\_\_  
Signature of Authorized Plan Representative Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (MM-DD-YYYY)