



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

## NOTICE OF DEATH – NON-SPOUSE BENEFICIARY

• Please return your completed form to: N.W.O. Electrical Administrators, Inc., P.O. Box 60408, Rossford, OH. 43460

### 1. DECEASED MEMBER INFORMATION

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
SOCIAL SECURITY NUMBER      \_\_\_\_/\_\_\_\_/\_\_\_\_  
BIRTH DATE      \_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE OF DEATH

\_\_\_\_\_  
LAST NAME      FIRST NAME      MIDDLE INITIAL

\_\_\_\_\_  
STREET ADDRESS      CITY      STATE      ZIP CODE

### 2. BENEFICIARY INFORMATION

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
SOCIAL SECURITY NUMBER      \_\_\_\_/\_\_\_\_/\_\_\_\_  
BIRTH DATE

\_\_\_\_\_  
LAST NAME      FIRST NAME      MIDDLE INITIAL

\_\_\_\_\_  
STREET ADDRESS      CITY      STATE      ZIP CODE

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
DAYTIME TELEPHONE NUMBER      (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
EVENING TELEPHONE NUMBER      \_\_\_\_\_  
E-MAIL ADDRESS

### 3. ELECTION OF OPTIONS

- Continuation of Account with Mass Mutual** (Please refer to the instructions for important information regarding this election and what your responsibilities are regarding future distributions)
- If a Minimum Distribution is required, complete and attached a Required Minimum Distribution Election Form.
- Cash Payment to me**
- Lump Sum
  - Partial Amount \$ \_\_\_\_\_
- Direct Rollover To An Inherited IRA:**

Name of Financial Institution to Which Rollover Check Should Be Issued:

\_\_\_\_\_

Conversion to my ROTH IRA

Name of Financial Institution to Which Rollover Check Should Be Issued:

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**Installment Payments in the amount of \$\_\_\_\_\_ (gross amount)**

Select Payment frequency:  Monthly  Quarterly  Semi-Annually  Annually

**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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## 4. 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. Annuity payments payable over life expectancy or 10 years or more are not eligible to be rolled over, and you have the choice to have federal income tax withheld (if no election is made, MassMutual will withhold federal income tax at 20%). 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 \$\_\_\_\_\_.

**Annuity Payments Based on Life Expectancy or Installment Payments projected to last 10 years or more:**

Do NOT withhold federal taxes

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

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### **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. BENEFICIARY SIGNATURE**

I understand that I have a right to a 30-day election period and I acknowledge that I am waiving the 30-day election period by making an affirmative election on this distribution form. I have read the Instructions and understand the elections I have made. I further understand there may be a charge for each distribution processed or a one-time installment or annuity set-up fee deducted from my account balance. If all required items are not completed on this form, payment will be delayed and the form may be returned to me for completion. If electing direct deposit, by signing below I certify that I am an account holder on the bank account listed above.

\_\_\_\_\_  
Signature of Beneficiary

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

**6. PLAN ADMINISTRATOR SIGNATURE**

I, the Plan Administrator, certify the above information is correct, the above beneficiary is the valid beneficiary as elected by the Member or provided for by the Plan Document, the beneficiary's election is allowed by the plan, and all of the beneficiary's election forms are included and completed in the request.

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

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

Please specify below if there in one beneficiary or multiple beneficiaries, along with the percentage of each member's benefit that the Beneficiary is entitled to receive.

\_\_\_\_\_ The Beneficiary specified above is the sole Beneficiary entitled to 100% of the account.

\_\_\_\_\_ The Beneficiary specified above is one of multiple beneficiaries. Please indicate below the total number of beneficiaries and the percentage of the member's benefit that the Beneficiary specified above is entitled to receive.

\_\_\_\_\_  
Total Number of Beneficiaries

\_\_\_\_\_  
Percentage this Beneficiary is entitled to