



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

QUALIFIED DOMESTIC RELATIONS ORDER (QDRO) – BENEFIT PAYMENT

Mail completed form to: Local No. 8 Retirement Plan, P.O. Box 60408, Rossford, OH 43460

1. QDRO ELECTION

Existing QDRO Payout – If you previously submitted a form to set up a separate account for Alternate Payee and the account can now be paid out.

Please choose one:

- Employer Plan Assets (includes ER Contribution and ER Contribution Rollover)
 401(k) assets (includes Member 401k and Member 401k Rollover)

2. MEMBER INFORMATION

Social Security No.: _____ Member's Name: _____
First Middle Last
Member's Address: _____
Street
City State Zip

3. ALTERNATE PAYEE INFORMATION

Alternate Payee's Name: _____
First Middle Last
Social Security No.: _____ Gender: M / F Date of Birth (mm/dd/yyyy) _____
Address: _____
Street
City State Zip
Phone: _____ Legal State of Residence: _____

4. FORM OF PAYMENT

- 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)

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. SIGNATURES

I understand that I have the right to a 30-day election period. I further acknowledge that if I sign this form before the completion of the election period, I am waiving the 30-day election period by making an affirmative election on this distribution form. I also understand there may be a charge deducted from my account balance for each distribution processed (or adjustments due to incorrectly completed items). If all of the items are not completed on this form, payments will be delayed. If electing direct deposit, by signing below I certify that I am an account holder on the bank account listed above.

Alternate Payee

_____/_____/_____

Date

I, the plan administrator, certify the above information is correct. If applicable (for a non-spousal payee) I certify I witnessed the Participant's signature consenting to the federal income tax withholding election(s).

Plan Administrator

_____/_____/_____

Date