

Section D - Hardship Distribution Amount (Participant Completes)

RDISTRIB

I understand my Hardship Distribution will be processed pro-rata across all contribution types and investments that are available under my plan for hardship distributions. (This does not include HLI investment.)

I am requesting a Hardship Distribution in the amount of \$ _____ OR Withdrawal of Maximum Amount Available

Note: If the amount you request is greater than the amount available for hardship distribution on the date your request is processed, MassMutual will process for the maximum amount available to you under the terms of the Plan. Your hardship distribution will be processed pro-rata across eligible investments and contribution type sources that are available under your plan for hardship distributions.

Note For MassMutual Lifetime Income: If your plan account includes the MMLI investment option, it will count in establishing the maximum amount available for a hardship distribution. However, because MassMutual Lifetime Income will be excluded to protect your guaranteed income, you may not be able to distribute the maximum amount available unless you exchange out of the MMLI investment to make funds available for your hardship distribution. By exchanging out of MMLI, you are effectively liquidating your guaranteed income. The cash-out value of MassMutual Lifetime Income investment option is the lesser of net contributions accumulated at 3% interest or the dollar amount it would cost to purchase the income shares. Thus, if you elect to cash out your MMLI investment, the amount you may receive may be substantially less than the actuarial value and cost of the guaranteed annuity payments.

Gross Up Distribution for Withholding:

This option can only be selected if you have sufficient funds in your account that are available for hardship.

Check this box if you wish to increase the amount processed from your account for federal and, if applicable, state income tax withholding. For example: If you want to gross up for federal withholding, for a \$9,000 net check amount, \$10,000.00 will be processed from your account. ($\$9,000/90\% = \$10,000.00$; $\$10,000.00 \times 10\% = \$1,000.00$ federal income tax withholding; $\$10,000.00 - \$1,000.00 = \$9,000$ net check amount) A similar computation will occur for state income tax withholding, if applicable.

Section E - Cash Payment Instructions (Participant completes)

Please select 1 or 2 below.

1. **Send payment by check - Allow up to 10 business days for postal service delivery.**

If your Plan allows and you would like your Cash Payment check mailed to an alternate address, please complete the section below. If no instructions are provided, we will mail your Cash Payment check to your Legal Address in Section B. Please note this section is intended for Cash Payments only.

Mailing Address		
City	State	Zip Code

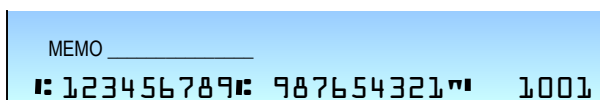
2. **Direct deposit to a bank account of which I am an authorized account holder.**

Direct Deposits will be deposited within 3 to 5 business days from date of processing. To elect Direct Deposit (ACH only), you must select either Checking or Savings and you must provide a voided check or a bank specification sheet from your bank for validation. If no selection is made we will default to Checking. I understand that if I do not fully complete this section; or do not provide a voided check; or the bank account information I have provided is invalid, a check will be mailed. I authorize MassMutual to initiate a debit to my account for any overpayment or payments made in error.

To help protect our customers' assets, MassMutual will independently validate bank and customer account information before processing a Direct Deposit/EFT. If we are unable to independently validate the bank and customer account information or sufficient documentation to support the Direct Deposit/EFT is not provided, we will mail a check to the address of record. It should be noted that we are not always able to independently validate credit unions or smaller banks.

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Bank Name
Bank ABA/Routing (9 digits)		Bank Account No.

Please note that we can only send funds via direct deposit to banks with a valid U.S. routing number.



Bank ABA/Routing # Bank Account #
 (A 9-digit number always
 between these two marks)

Section F - Federal Income Tax Withholding (Participant completes)

RDISTRIB

This section applies to any distribution on account of hardship. (Please read **Federal and State Tax Withholding** in the **Important Information Section**.)

This distribution is subject to voluntary federal income tax withholding. If you do not make an election below, 10% federal income taxes will be taken from the taxable portion of your distribution. If federal income taxes are not withheld, you are liable for payment of federal income tax on your distribution. Please note that you may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.)

- Do not withhold federal taxes.
- I voluntarily elect to have additional withholding of _____ % (whole percentages only)

Section G - State Income Tax Withholding (Participant completes - optional)

You may skip this Section if you reside in a state with no income tax or withholding requirement on retirement income.

The taxable portion of your payment may be subject to state tax withholding requirements. While MassMutual will withhold based on your state's income tax rules and your election, if applicable, you are responsible for ensuring you satisfy your individual state income tax liability. If you make an election that is not in compliance with your state's income tax withholding rules, then MassMutual will default to your state's income tax withholding requirements.

State Income Tax Withholding rules are subject to change at any time. For current state specific tax information pertaining to your resident state, you should contact your tax advisor or your state income tax department. Also note, state tax rules may apply differently depending on your type of distribution (i.e., lump sum, periodic, non-periodic, etc.). In addition, some states allow for an exclusion from income distributions from certain retirement plans - to confirm whether you may qualify to exclude all or a portion of your distribution from income for state taxation purposes, you should consult your plan sponsor or state income tax department.

If your state's income taxes are determined based on wage tables, MassMutual is unable to calculate a net amount, you will need to ensure that you have grossed up accordingly. Your request may be delayed if a net amount is requested.

If you do not see your state listed below, it is a result of your state not permitting state income tax withholding.

Any tax information included in this written or electronic communication was not intended or written to be used, and it cannot be used by the taxpayer, for the purpose of avoiding any penalties that may be imposed on the taxpayer by any governmental taxing authority or agency.

Your state tax income tax withholding options are:

AR, DE, IA, KS, MA, MD, NC, NE, OK, VT, VA	<p>These states require mandatory state income tax withholding on taxable distributions. MassMutual is required to withhold state income taxes based on state law. You may not elect out of state income tax withholding.</p> <p>Given this withdrawal request is not eligible to be rolled over, if you choose to opt out of federal income tax, MassMutual will automatically opt you out of state income tax. If you did not opt out of federal income tax withholding, then MassMutual will withhold based on state law.</p> <p><input type="checkbox"/> I elect to withhold an amount of \$ _____ (whole dollar amount)</p>
CA, ME, OR, DC	<p>These states require mandatory state income tax withholding. MassMutual is required to withhold state income taxes based on state law unless you elect out of withholding: <input type="checkbox"/> I elect no state income tax withholding.</p> <p>Note: The District of Columbia only requires mandatory withholding on a "lump sum" distribution that brings your account balance to zero. If you are requesting a "lump sum" distribution, then you may not opt out of withholding.</p>
AL, AZ, CO, ID, IL, IN, KY, LA, MO, MS, MT, ND, NJ, NM, NY, OH, PA, RI, WV, WI	<p>These states permit voluntary state income tax withholding. You may voluntarily elect state income tax withholding by providing a dollar amount. If no election is made for these voluntary states identified, then MassMutual will not apply any withholding.</p> <p><input type="checkbox"/> I voluntarily elect to withhold an amount of \$ _____ (whole dollar amount)</p> <p>Note: IL and AZ only permit voluntary state income tax withholding on <u>periodic payments</u>. Lump sum distributions do not allow for state income tax withholding. If a tax election is requested on a lump sum distribution, MassMutual will not apply any withholding.</p>
GA, MN, SC, UT	<p>These states permit voluntary state income tax withholding based on state tax table formulas. You may voluntarily elect state withholding by selecting the box below. If no election is made for these voluntary states identified, then MassMutual will not apply any withholding. Please note only Gross Distribution requests are permitted when applying state tax withholding.</p> <p><input type="checkbox"/> Withhold based on my state's tax table formula, if applicable (MassMutual will apply the default tax allowance.)</p>
CT, MI	<p>These states require mandatory state income tax withholding. MassMutual is required to withhold state income taxes based on state law unless you provide an alternate dollar withholding amount below along with completing your state specific W-4P withholding certificate and submitting it with this form. If a W-4P is not provided, MassMutual will default to your state's mandatory max withholding amount.</p> <p><input type="checkbox"/> I elect to withhold an amount of \$ _____ (whole dollar amount)</p>

Section H - Participant Certification and Authorization

RDISTRIB

I hereby instruct the Plan to distribute my vested account balance in the manner indicated on this form and understand that my election is irrevocable once processed. I certify that all the information I provided in this form is true and accurate to the best of my knowledge and belief. I understand that providing false or misleading information on this form may constitute fraud and be subject to severe penalties. I acknowledge that:

- I have consulted with my Plan Administrator and am aware of any fees that may apply to this distribution. Please see the *Important Information* Section for more information about fees.
- I have received and read the *Summary Plan Description*, was able to ask and receive answers to my questions from the Plan Administrator and agree to be bound by the Plan's provisions.
- If any part of my hardship distribution contains salary deferrals (i.e., Pre-Tax or Roth) no employee contributions may be made by me to this or any other Plan of the employer for a period of 6 months, if my Plan requires.
- I have provided the Plan Administrator with the required documentation that evidences my financial need. If my Plan requires spousal consent for a distribution, I have provided the Plan Administrator with a properly executed spousal consent for distribution form and, if applicable, that I have received and read the *Qualified Joint and Survivor Annuity Notice and Waiver*.
- I have reviewed the state income tax withholding rules in Section G and the attached Fraud Warning Statements, as applicable to my state. I understand that the state income tax withholding rules described in Section G are subject to change.
- I consent to an immediate distribution as selected on this form and affirmatively waive the minimum 30-day notice waiting period.

Note: If the check associated with this request is returned to MassMutual by the U.S. Postal Service as undeliverable, we are unlikely to resend it until you provide us with your updated address. Failure to provide us with your current and valid address may result in the check being considered abandoned property under the laws of the State where the check was mailed (unless preempted by ERISA).

Important Note for Participants with a Non-U.S. or Non-U.S. Territory residence address:

Please check this box if you are *not* a resident of the United States or a United States Territory. If the current address is not an address within the U.S. or one of its territories, the Participant or Beneficiary receiving the distribution is required to fill out and return a *Citizenship Statement* form with the distribution request. Failure to provide a *Citizenship Statement* will result in U.S. Federal taxes being withheld at a rate of 30% for recipients with a non-U.S. residence address. Please ask your Plan Sponsor for a *Citizenship Statement* form or call MassMutual's Customer Service Center for a copy.

Participant's Signature

Date

IMPORTANT - If this withdrawal requires participant consent, and the participant's signature is not provided on this form, the Plan Administrator must initial below or this form will not be processed. Note: If the participant/beneficiary ("recipient") is not a resident of the United States (or US territory) at the time the distribution is paid, a *Citizenship Statement* form must be completed and signed by the recipient and submitted with this distribution request. Failure to do so will result in 30% Federal tax withholding on the taxable distribution.

By initialing this box, I certify as Plan Administrator that I have obtained the participant's consent and authorization for the distribution requested on this form on a separate document signed by the participant. I further certify that the participant has been advised of his or her rights under the Plan, any fees applicable to the distribution, and applicable law including, but not limited to, disclosures and notices described in this section. I agree that the Plan Administrator, and not MassMutual, is solely responsible for any consequences that result from this distribution.

Plan Administrator Initials _____

Section I - Plan Representative Certification and Authorization (required)

RDISTRIB

As Plan Administrator or an authorized representative of the Plan, I hereby direct MassMutual to distribute from the Plan's group annuity contract or funding agreement as a distribution from the participant's vested account the amount necessary to pay the benefit in the manner indicated in this form in accordance with the terms of the Plan and participant election. I have verified the Participant Information, Distribution Reason and Vesting and certify that it is true and accurate to the best of my knowledge and that I have obtained any spousal consent for distribution forms (and, if applicable, provided the *Qualified Joint and Survivor Annuity* Form to the participant) that may be required by the Plan and/or ERISA and the Internal Revenue Code. I acknowledge that this form does not constitute a delegation by the Plan Administrator of, and the Plan Administrator has not otherwise delegated, its income tax withholding duties and liabilities under §3405 of the Internal Revenue Code of 1986, as amended, to the Recordkeeper and that the Recordkeeper is acting as independent contractor of the Plan Administrator or Service Provider in making payments in accordance with these instructions. The Plan Administrator confirms that it is responsible for ensuring that state tax is withheld in accordance with current state law, and hereby directs MassMutual to withhold state tax, as applicable, in the manner provided on this form. The Plan Administrator acknowledges and agrees that this form reflects distributable events that may not be available under all plans. As a result, the Plan Administrator confirms that it has reviewed its Plan document to confirm that the requested distribution is in fact permitted and assumes all responsibility for any consequences that result from such distribution, including any correction or disqualification that results from an impermissible distribution. I have reviewed the Plan document as well as the Plan's group annuity contract or funding agreement, and I, and not MassMutual, have made the determination that the participant is eligible under the terms of the Plan and contract to receive this distribution. In the event that the distribution is at any time determined to have been impermissible under the terms of the Plan or contract and applicable qualified plan rules, I agree that MassMutual and its affiliates shall have no responsibility, financially or otherwise, for any associated correction, costs, taxes, fees, expenses, charges, fines, penalties, charges, excise taxes or any other related amount. I, as authorized Plan representative and fiduciary and not MassMutual, made any and all fiduciary determinations with respect to this hardship distribution.

Reminder: If required by the Plan, you must suspend elective contributions for this participant for a period of six months and continue to remit payments on any outstanding loan.

Please be sure the below signatory is on record as an authorized signer for your Plan at MassMutual.

Authorized Plan Administrator's Signature

Date

Authorized Plan Administrator's Name (please print)

Completed and signed forms in "good order" may be Faxed to 800-220-2913; emailed to mmprocessing@massmutual.com or mailed to:

Regular Mail Address:
MassMutual
P.O. Box 1583
Hartford, CT 06144-1583

Overnight Mail Address:
MassMutual
100 Bright Meadow Boulevard
Enfield, CT 06082

Note: Duplicate requests for a single distribution, such as a fax followed by a mailed original, may result in multiple distributions. MassMutual will not be responsible for any increase or decrease in account value based on investment performance or charges that arise from duplicate requests for a single distribution.

Section J - Important Information

RDISTRIB

Good Order - "Good Order" means that all sections of the form are complete, the participant has provided their signature authorizing the transaction (if required) and the Plan Sponsor has provided their signature authorizing MassMutual to process the transaction requested on the form and the TPA has acknowledged the transaction by providing their signature.

Hardship Distributions - Please refer to your Summary Plan Description for information regarding under what circumstances hardship withdrawals are permitted and for any restrictions on the amount available for distribution. Your Plan Administrator may require supporting documentation for the hardship reason and amount necessary to satisfy your hardship. If your hardship request is approved, the Plan may require that you be suspended from making contributions for a period of six months. However, if you have an outstanding loan, loan repayments will continue based on the amortization schedule.

Federal and State Tax Withholding - The distributions you receive from the plan are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution or withdrawal that is included in your income subject to federal income tax. If you elect not to have withholding apply to your distribution, or if you do not have enough federal or state income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rule if your withholding and estimated tax payments are not sufficient.

Fees - MassMutual may charge a transaction processing fee in accordance with its Service Agreement with the Plan Sponsor in an amount up to \$40. Please contact MassMutual's Customer Service Center at 1-800-854-0647 for details of any such fee. For additional information regarding applicable fees including any potential charges associated with a distribution or rollover of your plan account, please contact your Plan Sponsor or MassMutual.

Stale Address - It is important that you notify us if you change your address. Going forward, your address may change in our records either at your or your employer's direction, or as a result of an address confirmation service provided under our agreement with your employer. Under this service, the addresses in our records are compared against and updated quarterly with addresses received from commercial address update services (e.g., the U.S. Postal Service). If your mail is returned to us or your employer tells us your address is incorrect, we are likely to suspend future mailings until a new address is obtained. Unless preempted by federal law, failure to give us a current address may also result in uncashed distributions from your participant account being considered abandoned property under state law, and remitted to the applicable state. To update your address, contact your Plan Administrator or, if permitted by your Plan, log in to our website at www.massmutual.com/corp and select the change address link under your personal settings.

Refer to the applicable fraud warnings for your state of residence.

The "Company" refers to Massachusetts Mutual Life Insurance Company 1295 State Street, Springfield, Massachusetts 01111-0001

Alabama - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

Alaska - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island, Texas, West Virginia - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California - For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware, Idaho, Indiana, Oklahoma - **WARNING:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia - **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the Applicant.

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousands dollars and the stated value of the claim for each such violation.

Ohio - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon - Any person who, with intent to defraud or knowing that s/ he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico - Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Tennessee - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia and Washington - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

All other states - Any person who knowingly and with intent to defraud, deceive, or injure an insurance company, files a claim containing false, incomplete, fraudulent, or misleading information, may be prosecuted under state law and may be subject to fines and/or confinement in prison.