

Required Minimum Distribution Guidelines

If you are a participant in an Individual Retirement Arrangement (IRA), a Tax Sheltered Annuity (TSA), 457, or a pension plan, profit-sharing or 401(k) plan, the minimum distribution requirement applies to you. The Minimum Distribution Rule does not apply to Roth IRAs during the owner's lifetime. The year in which you must begin taking your RMD depends on the type of plan you have and whether you are retired. Generally, if you are retired and you were a participant in any of the plans mentioned above, the year you turn 70½ years of age is your first minimum distribution year.

- If you are working for the employer that sponsored the plan in the year you turn 70½ years of age, the year you retire is your first minimum distribution year. This rule applies to all the plans mentioned except IRAs and plans with a company in which you have at least a 5% ownership interest.
- If you have an IRA or a plan with a company in which you have at least a 5% ownership interest, your minimum distribution year is the year you turn 70½, even if you are still working.

Once you know your minimum distribution year, you have the option of deferring your first distribution until April 1st of the following year. However, before you decide to take advantage of the deferral option, keep in mind that subsequent distributions must be taken by December 31st of each year following your first minimum distribution. Taxable distributions previously taken within the current tax year will be applied toward your RMD requirement. Withdrawals in excess of the RMD amount for each individual contract will be subject to the conditions of the contract. If your requested RMD brings your contract value to zero, your contract will automatically terminate.

All IRAs can be aggregated for the purpose of determining the RMD to be taken from a particular IRA contract. All TSAs can be aggregated for the purpose of determining the RMD to be taken from a particular TSA contract. However, IRAs and TSAs can not be aggregated together for the purpose of determining an RMD amount.

By completing this form, you choose to have MassMutual calculate your distribution and you will receive an amount based on MassMutual's interpretation of the IRS code and the information you have provided.

Product Considerations

The Automatic Withdrawal Program for RMD is not available on the following products:

- **CM Windows**
- **Panorama Plus**
- **Flex-Annuity (Flex 4 & Fund 4)**
- **Flex Extra 457**
- **Fixed Products issued before 1992**

RMD requests for these products must be made as a one-time distribution by completing section 4.

Contingent Deferred Sales charges/surrender charges may apply to RMD withdrawals taken from this contract that are not based on only the assets held under this contract.

Flex Extra contracts- The withdrawal will be taken on a pro rata basis from your current investment choices unless directed otherwise.

Odyssey Select and **Stable Voyage** contracts- Only one calendar years' RMD withdrawal is available to be taken each contract year with no surrender charge. RMD withdrawals in excess of this limit will be assessed any applicable surrender charges.

Contracts with the **Guaranteed Minimum Withdrawal Benefit (GMWB) MassMutual Lifetime Payment Plus** - RMD withdrawals taken under our automatic distribution program will not reduce the Benefit Base, even if such RMD distributions exceed the Guaranteed Lifetime Withdrawal Amount (GLWA) for the Contract Year. RMD withdrawals taken outside of the automatic distribution program may negatively impact the rider value. Please review your contract or a prospectus for full details.

Contracts with a **Guaranteed Minimum Accumulation Benefit (GMAB)** or a **Guaranteed Minimum Income Benefit** - RMD withdrawals are treated like partial withdrawals and may negatively impact the rider value. Please review your contract or a prospectus for full details.

If you have elected an optional guaranteed minimum accumulation benefit, guaranteed minimum income benefit or a guaranteed minimum withdrawal benefit with your variable annuity contract and would like to understand the impact of a withdrawal on the benefit provided by those features, please contact us to obtain a personalized calculation demonstrating the effect of a withdrawal.

Contracts with the **MassMutual Lifetime Income Protector**, refer to form FR1204.

Please contact your tax adviser with questions regarding your particular situation.

Required Minimum Distribution (RMD) Election

Not applicable on Non-Qualified contracts.
Use form FR1204 for contracts participating in the Lifetime Income Protector.

1. Owner/Participant Information

Contract/Certificate Number _____

Owner/Participant Name _____

Daytime Phone Number _____ Email _____

2. Required Minimum Distribution Calculation

Was your account with MassMutual on December 31 of last year? Yes No

If no, please provide the Fair Market Value (generally the account value as of 12/31) of the prior year: \$ _____

Please provide the amount of any recharacterized conversion contributions or rollover amounts currently in this account that were not in any account balance on December 31: \$ _____

Joint Life Expectancy – Joint life expectancy can only be selected if the spouse is the sole beneficiary currently on record and is more than 10 years younger than the participant.

Spouse's Name	Spouse's Date of Birth
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Allocation Information: The amount withdrawn for your Required Minimum Distribution will be taken on a pro rata basis from the available funds.

3. Automatic Required Minimum Distribution (RMD)

Complete this section to set up automatic RMD withdrawals. Refer to the *Product Considerations* on page 1.

- If no start date has been selected, we will automatically begin the Automatic Required Minimum Distribution (RMD) within ten (10) business days of receipt of this form for RMD EFT requests or within five (5) business days for RMD check requests
- For Qualified Plans, complete section 4 **only**

Select frequency and start date below to set up your Automatic RMD.

Frequency: Monthly Quarterly Semi-Annually Annually *Start Date: _____ / _____ / _____
mo day(1-28) yr

Flex contacts- RMD can only run on the 7th, 12th, 17th, 22nd and 27th. If an invalid start date is chosen, your SWP will run on the next available date.

Deferred First Year RMD- Only available for your first Required Minimum Distribution. Defer my first distribution until next year on or before April 1st. The date of your first RMD cannot be the same date you select as the start date of the Automatic RMD.

Date of first RMD: _____
(Month/Day/Year)

*If you defer your first distribution, which must be taken before April 1st, your second distribution must be taken by December 31st of the same year. Your RMD start date will initiate your second distribution.

4. One-Time RMD Distribution

Complete this section to request a one-time, non-recurring RMD withdrawal. If completing section 4 you will be responsible for submitting a request each year to fulfill your requirement. If you would like your RMD withdrawals to occur automatically, complete section 3 (if contract is eligible for the Automatic Required Minimum Distribution) Contingent Deferred Sales charges/surrender charges may apply to RMD withdrawals taken from this contract that are not based on only the assets held under this contract.

One-Time Required Minimum Distribution for this contract only. This one-time distribution will be for the current year unless a previous year is indicated: _____

Calculate my one-time Required Minimum Distribution for all policies. If the combined value of all IRAs or TSAs is not given, MassMutual will calculate your Required Minimum Distribution using the Fair Market Value of the contract/certificate number listed above.

Total Fair Market Value of all IRAs or TSAs: \$ _____ (Including rollover amounts and recharacterized conversion contributions not included in any applicable account balance on December 31st.)

5. Distribution Instructions

Do not complete if proceeds are being paid to the owner, by check, at the address on record

A. Proceeds to Alternate Payee

- Notary stamp required.
- To be completed if the distribution is paid or sent to a party other than the owner or address on record.
- Distributions may not be sent to an agent/broker address.
- A distribution of proceeds from a Tax-Exempt 457 and 412(i) Plan will only be paid to the owner/plan.
- A distribution of proceeds from a Governmental 457(b) will be paid directly to the participants.
- A distribution of proceeds from a Qualified Plan will be sent to the plan unless otherwise noted.

Name _____

Address _____

B. Electronic Funds Transfer (EFT)

- If the bank account holder is different from the owner on the contract, a notary stamp is required in section 8.
- Please allow three (3) business days for your withdrawal to be posted in your bank account.

Checking, a voided check must be included. **No starter checks or deposit slips will be accepted.**

Savings, a Letter of Instruction from the Bank or notary stamp is required.

Bank Name _____

Bank/Branch Telephone Number _____

Bank Transit Routing Number _____

Bank Account Number _____

6. Withholding Information

Payments you receive from Massachusetts Mutual Life Insurance Company ("MassMutual") are subject to Federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your payment that is included in your income subject to income tax. There will be no withholding on the return of your own nondeductible contributions to the contract. If we do not know what portion of a distribution is taxable, we will withhold on the net amount after charges. If you are establishing automatic payments, any election you make will remain in effect until you revoke it by returning to us a signed and dated revocation of election. If no withholding election is affirmatively made, 10% Federal income tax will be withheld, subject to certain exceptions. Once a payment has been made, the withholding election applicable to that payment cannot be changed.

If you elect not to have withholding apply or if you do not have enough Federal income tax withheld from these payments, you may be responsible for the payment of estimated tax and/or be subject to estimated tax penalties.

State income tax withholding may also apply. State income tax withholding requirements vary by state. If required under the law of the state in which you live, state income tax withholding will also apply. *For more information on the withholding requirements in your state, please see State Income Tax Withholding Disclosure.*

You should consult with a tax advisor before you begin receiving payments. Please check the appropriate box below to make your withholding election:

Do not withhold Withhold 10% Withhold more than 10%: _____

7. Spousal Consent (Not Required for IRA Contracts)

This section is required for all TSA, Keogh (H.R.10) and Former Qualified Plan Owned Contracts.

By signing in Section 8, I, the above named owner/participant, certify that I am:

Not required to obtain spousal consent because:

My Plan is not subject to ERISA* or I am Single, Divorced, or Unable to locate my spouse

Married (Spousal Consent and Notary Required – **Complete Section 9**)

* Please consult with your employer if you are uncertain whether your Plan is subject to ERISA.

Spousal consent and notary stamp required for ERISA TSA, Keogh (H.R.10) and Former Qualified Plan Owned Contracts that are subject to ERISA.

I, the owner/participant's spouse, hereby consent to the owner/participant's election to receive a distribution from this qualified annuity contract. I understand and acknowledge that I am waiving any legal right to this distribution as part of any death benefit payable from this contract.

Printed Name of Spouse _____

Signature of Spouse _____ Date _____

8. Signatures

If elected, I authorize MassMutual to deposit, via Electronic Fund Transfer (EFT), all RMD withdrawal payments to the bank account listed above. Payments made under this agreement will fully satisfy MassMutual's obligation to make payments to me. I also authorize MassMutual to debit the bank account listed above and refund any overpayments made to me and the bank. To cancel this agreement, I must notify MassMutual Service Center. Upon my death, my executors or administrators will allow MassMutual to reclaim any payments collected by the bank after my death. I have read the Required Minimum Distribution guidelines provided and understand the options available to me. I agree to be bound by the provisions of the contract as amended and the rules and limitations stated in this election form and in the Required Minimum Distribution guidelines. I understand the income tax implications of my decision and understand that I am personally responsible for any tax implications of this election.

Owner's Social Security Number/Tax Identification Number _____

Taxpayer Identification. By my signature, I, the Owner, certify under penalties of perjury that: (1) the number shown above is my correct Taxpayer Identification Number; (2) I am not subject to backup withholding; and (3) I am a US person (including US resident alien). Strike out any of these statements if incorrect. **The Internal Revenue Service (IRS) does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

_____ Printed Name of Owner, Employer, Trustee or Plan Administrator	_____ Signature of Owner, Employer, Trustee or Plan Administrator <i>(Must Sign in Capacity if Owner is Trustee, POA, Guardian)</i>	_____ Date
_____ Printed Name of Annuitant <i>(Required for Governmental 457(b) Deferred Compensation Plans)</i>	_____ Signature of Annuitant <i>(Required for Governmental 457(b) Deferred Compensation Plans)</i>	_____ Date
_____ If EFT elected, print Bank Account Holder Name <i>(If different than Owner/Participant)</i>	_____ Bank Account Holder Signature <i>(If different than Owner/Participant)</i>	_____ Date

9. Notary Stamp

A notary stamp is required for the owner, joint owner (if applicable), and the owner/participant's spouse (if applicable) when:

- Checks/EFT are paid or sent to someone other than the owner
- Checks are sent to an address other than the address of record
- Address of record has been changed within the last 30 days
- Spousal consent is required

A notary stamp is not required if the check is made payable to a financial institution that has provided a letter of acceptance.

A notary stamp can be obtained from most banks or credit unions.

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared

Name of owner, joint owner (if applicable), and owner/participant spouse (if applicable)

Signature of Notary Public (Official stamp / seal required):

My commission expires:

10. Plan Administrator Certification

(If Required by your 403(b) Plan)

By signing below as the Plan Administrator you are aware that the participant is requesting a distribution and you are certifying to MassMutual that the employee is eligible to receive this distribution.

_____ Plan Name	_____ Plan Administrator Name
_____ Plan Administrator Signature. <i>By signing you are certifying to MassMutual that you are the Plan Administrator.</i>	_____ Date

MassMutual Contact Information



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(800) 272-2216

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We will only accept responsibility for forms that are faxed or mailed to the number or address indicated above.

