



CWA Savings & Retirement Trust (#990500050)

REQUIRED MINIMUM DISTRIBUTION/AGE 70.5 DISTRIBUTION

PARTICIPANT INFORMATION

Social Security Number - Birth Date Name Employer Address City/State/Zip Phone E-mail Address

Employment Status Confirm

- Terminated or Retired Beneficiary QDRO Alternate Payee Active Date of Termination or Retirement:

REQUIRED MINIMUM DISTRIBUTION ELECTION (SELECT A OR B)

- A. I elect to defer my first required minimum distribution at this time because: I am still actively employed with CWA... This is the first year an RMD is due to me... B. I elect to receive required minimum distributions at this time as installment payments... 1. My age only using the Uniform Lifetime Table... 2. My age and my spouse's age using the Joint and Last Survivor Table...

DISTRIBUTION SCHEDULE (SELECT A OR B)

- A. First Year Required Minimum Distributions Only: If you have elected to defer your first required minimum distribution until next year... B. Immediate Distribution Schedule: Required minimum distributions will be paid in accordance with the distribution schedule you indicate below...

Distribution Schedule:

Select frequency: Monthly (12x) Quarterly (4x) Semi-annually (2x) Annually (1x) Select month(s) of distribution: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

CASH PAYMENT INSTRUCTIONS

If no election is made a check will be mailed to your Legal Address as provided in the *Participant Information section*

- Mail my payment by check to my Legal Address as provided in the *Participant Information section*.
- Direct deposit to a bank account of which I am an authorized account holder (ACH only).

I understand that if I do not fully complete this section or the bank 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 may independently validate bank and customer account information before processing 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.

Bank Name: _____

Account Type: Checking ____ Savings _____ (If no selection is made we will default to Checking)

Bank Transit/Routing#: _____ (must be 9 digits)

Bank Account #: _____

VOLUNTARY FEDERAL INCOME TAX WITHHOLDING - REQUIRED

If no election is made MassMutual will withhold 10% for federal income taxes and any applicable state tax.

- Do **not** withhold federal or any applicable state tax from the installment payments.
- Withhold** federal tax at the rate of _____% or \$ _____ from each installment payment and withhold any applicable state tax also. In the event that an amount is requested in addition to the amount calculated using the Uniform Lifetime Table or the Joint & Last Survivor Table, that additional amount will be subject to 20% federal tax withholding. For more information about federal and state tax withholding, see Important Required Minimum Distribution Information.

STATE INCOME TAX WITHHOLDING

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 sponsors 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, MD, MA, 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. Given this withdrawal request is not eligible to be rolled over, if you choose to opt out of federal income tax withholding, MassMutual will automatically opt you out of state income tax withholding. 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, NJ, NM, NY, ND, 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 <u>on 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>

PARTICIPANT CERTIFICATION AND AUTHORIZATION/ NOTARY SEAL OF APPROVAL (required)

As a Participant in the CWA SRT, I hereby request a distribution in the form indicated above, subject to the terms of the Plan and the approval the CWA Trust Office. I confirm that (1) I have received and read the Special Tax Notice Regarding Plan Payments; (2) if the plan or my account is subject to the qualified joint and survivor annuity rules and I am married, I have obtained the consent of my spouse for this distribution in the form indicated and that if I authorize this distribution to be paid less than 30 days after I have received the written explanation of the qualified joint and survivor annuity requirements, that the written explanation was received at least 7 days before my authorization for this distribution; and (3) by signing and returning this form before the end of the 30 day period, I have waived the right to any further time to consider this decision and I am requesting a distribution of the account in accordance with the above elections as soon as possible.

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 _____

Notary Seal of Approval Required:

On this _____ day of _____ the individual whose signature appears above signed this consent in my presence and established for my satisfaction that he/she is the Participant identified above.

Witness Signature _____ (Notary Public)

Commission Expires _____ Seal _____

PLEASE RETURN COMPLETED FORM TO THE CWA SRT TRUST OFFICE

Return Form to the CWA SRT Trust Office:
CWA SRT Trust Office
501 Third St NW
Washington, DC 20001

For faster service you may also email Form to cwasrt@cwa-union.org or fax to 202-783-2748

Please contact the CWA Trust Office at 202-434-1389 for questions you may have on completing this form. You may also call the MassMutual Participant Information Center 1-800-854-0647.

CWA TRUST OFFICE CERTIFICATION AND AUTHORIZATION (REQUIRED)

I hereby approve this distribution request and authorize that the distribution be paid in the manner described above. I certify that: (1) the address in the Participant Information section above is the Participant's current address of record and I authorize MassMutual Retirement Services to update its records, if necessary, to reflect this address; (2) this distribution is in accordance with the terms of the Plan; (3) the Plan Administrator has provided the participant with the Special Tax Notice Regarding Plan Payments that provides a written explanation of the rules permitting direct rollover of eligible rollover distribution amounts to an eligible retirement plan and mandating 20% federal tax withholding on taxable distributions that are not directly rolled over, and has also complied with any other notice requirements that are applicable to this distribution (e.g., notices of annuity form of benefit, spousal consent, voluntary withholding, etc.); and (4) all the distribution amounts that are being directly rolled over are eligible rollover distributions and are being rolled over to an eligible retirement plan that will accept them.

If the Participant has elected to take distributions in amounts greater than the amount calculated under the Uniform Lifetime Table or the Joint & Last Survivor Table, the additional amount is subject to 20% federal tax (as well as any applicable state tax) withholding unless I check this box, in which case taxes will be withheld in accordance with the participant's elections in this form.

CWA SRT Benefits Manager's Signature _____ Date _____

Print Name _____

Important Required Minimum Distribution Information

Required Beginning Date

IRS rules under IRC 401(a)(9) generally require that a participant begin to receive the minimum amount from his or her plan by the required beginning date (RBD). The RBD is generally the April 1st following the later of the calendar year in which the participant has retired or attained age 70 ½. However, owners of more than 5% of the Employer are required to begin taking minimum distributions by the April 1st following the year in which they attain age 70 ½ even if they continue to work. The participant must generally receive the minimum amount by December 31st of each year. However, the first payment may be deferred until the April 1st following the year the participant attains age 70 ½ or the year they retire (whichever is later).

Minimum Required Distributions

As a result of recent legislation, participants who are not 5% owners (defined as owners of more than 5% of the Employer) may be able to defer required minimum distributions until retirement. The ability to defer is dependent upon plan provisions and any associated administration requirements. Please discuss with your Employer before completing the form.

Address Changes

Please note that if your address has been changed less than 30 days ago, the distribution cannot be processed without your Employer's approval. If you would like your check mailed to an alternate address, please see Section 10 for Signature Guarantee instructions.

Cash Payments

If you choose to have any portion of your distribution paid directly to you in a series of installments, tax withholding will generally apply in accordance with Withholding on Periodic Payments (see below). Amounts in excess of the amounts calculated using the Uniform Lifetime Table or the Joint and Survivor Table may be subject to 20% mandatory federal tax withholding. If you are a resident of Arkansas, California, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Mississippi, Nebraska, North Carolina, Oklahoma, Oregon, Vermont, and Virginia applicable state taxes will also be automatically be withheld if federal taxes are withheld. This list may change based on changing state tax withholding requirements.

Payment Policies

If you elect a installment distribution, your distribution amount will be prorated across all available funds and contribution types unless you request otherwise.

Acknowledgement

The IRS requires that you receive a written Special Tax Notice Regarding Plan Payments prior to receiving such payment. Please read it carefully to understand the rollover rules and the special tax treatment regarding the mandatory income tax withholding rules on lump sum and installment distributions not directly rolled over to another qualified retirement plan or IRA that accepts rollover distributions. You should receive this notice between 180 and 30 days before the time for your distribution. You are entitled to have at least 30 days to consider your distribution option. However, you may affirmatively elect to waive the 30-day period and request a distribution or direct rollover as soon as possible by completing and signing this form.

Beneficiaries

Please note that unless the participant has designated his or her spouse as the sole primary designated beneficiary of this retirement plan, the participant is unable to take advantage of the rule that provides that the minimum distribution amount is determined in accordance with the Joint and Last Survivor Table when the spousal beneficiary is more than 10 years younger than the participant (Section 3.B.2. of this form). Instead, the participant's payout period will be based upon the Uniform Lifetime Table.

SUMMARY OF REQUIRED MINIMUM DISTRIBUTION (RMD) RULES

Participant's Circumstances	RMD Calculation
Participants with a Spousal Beneficiary More Than 10 Years Younger than Participant	Minimum Distributions will be calculated based upon the joint life expectancy of the participant and spouse (see the next page for a sample listing of joint life expectancies)
All Other Participants	Minimum Distributions will be calculated based upon the Uniform Lifetime Distribution Table (see below)

UNIFORM LIFETIME TABLE (SAMPLE)

Age of Participant	Distribution Period
70	27.4
71	26.5
72	25.6
73	24.7
74	23.8
75	22.9
76	22.0
77	21.2
78	20.3
79	19.5
80	18.7
81	17.9
82	17.1
83	16.3
84	15.5
85	14.8
86	14.1
87	13.4
88	12.7
89	12.0
90	11.4
91	10.8
92	10.2
93	9.6
94	9.1
95	8.6

JOINT AND LAST SURVIVOR LIFE EXPECTANCY TABLE OF PARTICIPANT WITH A SPOUSAL BENEFICIARY MORE THAN 10 YEARS YOUNGER (SAMPLE)

Ages of Participant and Spousal Beneficiary	Life Expectancy (Years)
70 and 59	28.1
70 and 55	31.1
70 and 50	35.1
75 and 64	23.6
75 and 60	26.5
75 and 55	30.4
80 and 69	19.3
80 and 65	22.1
80 and 60	25.9
85 and 74	15.4
85 and 70	17.9
85 and 65	21.6
90 and 79	11.9
90 and 75	14.2
90 and 70	17.5
95 and 84	09.0
95 and 80	10.9
95 and 75	13.8