

Fixed and Fixed Indexed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax  
Registered Index-Linked Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 800-807-9777 Fax  
Overnight Address: 191 Rosa Parks St, Cincinnati OH 45202

## Plan Distribution/Tax Qualification Change Request Form

### REVIEW LIMITATIONS BELOW BEFORE COMPLETING THIS FORM

- **This election is not available on all contracts.** The existing contract must be able to accept funds under the new tax qualification. If the contract does not accept funds under the new tax qualification, the policy holder will need to surrender the existing contract and purchase a new contract that does accept such funds.
- If the owner/participant will be age 72 or older (or age 70 ½ or older for those born on or before 6/30/1949) in the current calendar year, an RMD must be paid before any change that is intended as a rollover.
- Except in the case of a change to a Roth account within the same plan, any loan on the contract that is not paid off prior to the plan distribution will be offset against the contract values and treated as a distribution on the date of the change.
- The plan participant must be qualified for a distribution from the plan, and consent of the plan administrator will be required.

### 1. PLAN PARTICIPANT INFORMATION (PLEASE PRINT)

Owner Name:	Contract Number:
Address:	Social Security Number:
City/State/Zip:	Preferred Contact Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell

### 2. CURRENT TAX QUALIFICATION OF CONTRACT (MUST CHECK ONE)

- |   |  |
|---|--|
| <input type="checkbox"/> Traditional 403(b) TSA                     | <input type="checkbox"/> Roth 403(b) TSA (Note: Change must be to a Roth IRA )         |
| <input type="checkbox"/> Traditional 401(a) and Traditional 401 (k) | <input type="checkbox"/> Roth 401(k) (Note: Change must be to a Roth IRA)              |
| <input type="checkbox"/> Traditional Governmental 457(b)            | <input type="checkbox"/> Roth Governmental 457(b) (Note: Change must be to a Roth IRA) |

### 3. NEW TAX QUALIFICATION OF CONTRACT (MUST CHECK ONE)

- |   |   |
|---|---|
| <input type="checkbox"/> Traditional IRA                                      | <input type="checkbox"/> Roth 403(b) TSA (only if currently a Traditional 403(b) TSA)                   |
| <input type="checkbox"/> Roth IRA   | <input type="checkbox"/> Roth Governmental 457(b) (only if currently a Traditional Governmental 457(b)) |
| <input type="checkbox"/> Roth 401(k) (only if currently a Traditional 401(k)) |   |

### 4. REASON FOR DISTRIBUTION FROM PLAN (MUST CHECK ONE)

A distribution from the Employer Plan is permitted as a result of:

- AGE 59½:** The owner is now age 59½ or older.
- SEVERANCE FROM EMPLOYMENT:** Date of Severance: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- DISABILITY:** Unable to engage in customary or comparable substantial gainful activity by reason of medically determinable physical or mental impairment expected to result in death or be of long-continued and indefinite duration.
- PLAN TERMINATION:** Effective Date of Plan Termination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- OTHER DISTRIBUTION EVENT:** \_\_\_\_\_

**5. ACKNOWLEDGEMENT OF SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS**

This tax qualification change is treated as a direct rollover. By signing this request, I acknowledge receipt of the Special Tax Notice Regarding Plan Payments. (Please contact our office prior to submitting this form if you did not receive this Special Tax Notice.)

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Initial Above

By **initialing** in the box to the left, **I waive my 30-day consideration period**. I understand that I have 30 days to consider whether or not to make a direct rollover, and my request must be delayed unless I waive this right.

**6. PLAN PARTICIPANT ACKNOWLEDGEMENT AND SIGNATURE AUTHORIZATION**

**I HEREBY CERTIFY THAT I AM ELIGIBLE for the requested transaction as noted above.**

I understand that the funds will stay within the same annuity contract and all prior contract provisions will continue to apply except for modifications directly related to the change in tax qualification. I understand that after the change contributions may be made to my annuity contract only to the extent permitted under the annuity contract and the new tax qualification

**If an existing annuity contract is being converted to a Roth IRA or designated Roth account, I understand that the full value of my annuity contract will be reported as a taxable distribution to me in the year of the conversion.** No income tax will be withheld on the amount of the rollover or conversion. I will be liable for payment of all applicable federal and state income taxes on the taxable portion of the conversion. I may also be subject to penalties under the estimated tax rules if my withholding and estimated tax payments, if any, are not adequate.

I authorize MassMutual Ascend or Affiliate to complete this request.

Plan Participant Signature:	Date:
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**7. PLAN ADMINISTRATOR TRANSFER, CERTIFICATION, AND AUTHORIZATION**

Name of Employer Plan	
Name of Plan Administrator/Authorized Representative:	Plan Administrator Phone #:

The Plan Administrator/Authorized Representative certifies that the distribution (or conversion to a designated Roth account) by the participant is permitted under the employer's plan and authorizes MassMutual Ascend or Affiliate to process the request as indicated above.

Except in the case of a conversion to a designated Roth account, the Plan Administrator/Authorized Representative on behalf of the Plan/Employer/Trustee hereby transfers all rights, title, and interest in the above-referenced contract to the Plan Participant, and hereby releases any restrictions on such contract imposed by the Plan or the employer plan endorsement (if any).

Plan Administrator/Authorized Representative Signature:	Date:
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