



### IRA Charitable Distribution form

**Fixed and fixed-indexed annuities:** PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax / Processing@mmascend.com  
**Registered index-linked annuities:** PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 800-807-9777 Fax / RILAProcessing@mmascend.com  
**Overnight Address:** 191 Rosa Parks Street, Cincinnati, OH 45202  
**Website:** MassMutualAscend.com

To help ensure your request is processed timely and accurately, please print clearly **and only in the spaces provided. Do not write outside of the boxes.**

If you need to provide additional information, please use the special instructions section of this form. **Any data written outside of the form section boxes, will not be used in the processing of your transaction.**

Contract Number

**Contract Owner Information (or Annuitant/Participant for Group Contracts)**

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number <i>No dashes</i>	Email
<input type="text"/>	<input type="text"/>

If you provided an email above or we have an email address on record, you will receive status updates. Email notifications will be sent from no-reply@mmascend.com. Please remove this address from your list of blocked senders.

**New Address/Phone (if applicable) Only complete if new information. We will update our records to reflect what is entered.**

Street

City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home/Business Phone Number <i>No dashes</i>	Cell Phone Number <i>No dashes</i>
<input type="text"/>	<input type="text"/>

### Amount of Distribution from the Annuity Contract (select only one)

All withdrawals will include the contract's penalty free amount, if available. The minimum partial withdrawal amount is \$500.00 net of contract charges. The maximum amount cannot reduce the surrender value below the policy minimum value as stated in the contract. The actual amount paid could be less than requested due to other limits imposed by the contract.

If the partial withdrawal amount from annuity contract is unclear, we will default to a net withdrawal:

Withdrawal for contract's current year RMD net of charges as calculated by the Company.

Gross withdrawal before all charges and taxes deducted \$

Net withdrawal after all charges and taxes deducted \$

### Amount of Distribution per Payee

List all payees. Include yourself if any part of this withdrawal is to be payable to you. A maximum of five payees is permitted. If the total distribution amounts do not equal the withdrawal amount, or if the total distribution percentages do not equal 100%, we will adjust proportionately.

	<i>Payee</i>	<i>Payee Share of Withdrawal as a Dollar Amount or a Percentage</i>
1.		
2.		
3.		
4.		
5.		

### Income Tax Withholding

Federal and State tax withholding **will not apply** for any payments made to a charitable organization.

*Federal tax withholding is not mandatory for any payment to a contract owner.* The default withholding amount for payments to a contract owner is 10% of the taxable amount. Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes on the taxable portion of the distribution. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments, if any, are not adequate.

**For payments to the contract owner**, if you do not elect out of withholding or do not attach the IRS W-4R form or make a state election, then we will withhold the default or mandatory amount, notwithstanding any prior election you may have made for a prior withdrawal.

#### Federal Income Tax Withholding on Payments to Contract Owner (select only one):

- Do not withhold federal tax, unless required
- I am attaching IRS Form W-4R. **Withhold based on that election.**
- I am not attaching IRS Form W-4R. **The default or mandatory amount, if any, will be withheld.**

#### State Income Tax Withholding on Payments to Contract Owner (select only one):

- Do not withhold state tax, unless required
- I request state withholding of:  %
- I am not specifying a state withholding percentage. **The default or mandatory amount, if any, will be withheld.**

Payee Information

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All charitable payments will be made by check only and sent to the address provided. If a charity's address is not provided, the check will be sent in care of the contract owner's address of record.

Payments to the contract owner may be sent by check to the owner's address or record, by direct deposit to a personal checking or savings account, or by check to a brokerage account. Complete the owner payment information section of this form, as applicable. If not completed, the payment will be sent to the contract owner's address of record.

**Payee 1**

Payee Name: \_\_\_\_\_

Payee Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

**Payee 2**

Payee Name: \_\_\_\_\_

Payee Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

**Payee 3**

Payee Name: \_\_\_\_\_

Payee Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

**Payee 4**

Payee Name: \_\_\_\_\_

Payee Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

**Payee 5**

Payee Name: \_\_\_\_\_

Payee Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

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Owner Payment Information

Payments to the contract owner may be sent via check to the owner’s address of record, directed deposited to a personal checking or savings account, or sent via check to a brokerage account. Please complete section A or B, as applicable.

A.) For payments to owner (select only one)

- Payments by check
- Direct deposit to a personal checking or savings account (no fee)  
Available for withdrawals up to \$100,000. Once direct deposit is elected, all eligible future payments will be paid via this method until you direct otherwise. **If your account information cannot be verified, a check will be sent to your address of record in place of the direct deposit.**
- My checking or savings account information is on file.
- My checking or savings account information is not on file. **You must complete the information below.**

Account type:  Checking  Savings

Financial Institution Name

Routing Number (9 digits required)

Account Number

List Names of ALL Owners on the Financial Institution Account

B.) For owner payments to brokerage account

If you have named a brokerage firm as your payee, **you must submit documentation** verifying the owner and account number of the brokerage account, such as an account statement or a letter from your brokerage firm. If not received, payment will be sent by check to owner.

You authorize us to follow the written instructions of the financial institution to make payment to any agent, custodian, or clearing house, or to use an alternate mailing address.

Brokerage Firm Name

Brokerage Account Number (if applicable)

Brokerage Firm’s Mailing Address

City

State

Zip

### Special Instructions

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Please use this section only for any additional information we need to process your transaction.

### Owner/Annuitant/Participant Certification and Authorization

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I understand that:

- Withdrawals will adversely affect any benefits under a living benefit rider or a death benefit rider.
- An early withdrawal charge and market value adjustment may apply to any amount withdrawn that exceeds the available free withdrawal allowance. An automated RMD payment is generally exempt from any early withdrawal charge or market value adjustment, but an automated RMD payment cannot be paid as a qualified charitable distribution.
- Due to contract terms and tax laws, once the funds have been distributed the funds cannot be returned nor the withdrawal transaction reversed.
- Pursuant to the transaction requested, the Company may use a third party service provider to verify your identity or confirm your ownership of the account to which you are requesting funds to be transferred.

I agree and certify that the Company is authorized to process this withdrawal request, and will hold the Company harmless against any and all claims made by reason of its compliance with this request.

I understand it is the contract owner/annuitant/participant's responsibility to confirm the Payees listed are a qualified charitable organization and the amounts distributed for this tax year are in line with regulations and limits.

Signature of Owner/Annuitant/Participant

Date (MM/DD/YYYY)

Signature of Power of Attorney(s)/Authorized Representative(s) signing on behalf of Owner/Annuitant/Participant

Date (MM/DD/YYYY)

**For requests signed by a Power of Attorney (POA):**

- Provide a copy of the POA document. The POA Certification (form AAG2816) must also be completed or on file.
- Payments can only be made to an account where the person who gave the POA is a named owner of the account.
- Payments will be made to the Principal (or transferred, rolled over, exchanged or deposited for his/her benefit) and not to or for the POA.

Log into [MassMutualAscend.com](https://www.massmutualascend.com) if you need the POA form.

Signature Notarization or Signature Guarantee (if applicable)

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Your signature on this request must be notarized or signature guaranteed below if you purchased your contract electronically with an electronic signature and you have not previously submitted a notarized or guaranteed signature, or as requested by the Company.

Option 1: Notarized Signature

State of

County of

Date (MM/DD/YYYY)

This IRA Charitable Distribution Form was acknowledged before me on

Name of each person acknowledging his/her signature to the Notary

by

Signature of Notary Public

My Commission expires (MM/DD/YYYY)

Seal

Option 2: Signature Guarantee

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SIGNATURE GUARANTEED BY: Stamp or Seal of Eligible Guarantor Institution with Authorized Signature

You may have signature guarantee provided by a bank, savings and loan association, trust company, credit union, broker/dealer or any other "eligible guarantor institution" as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP).

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