

## Certification of Benefit Data and Election of Method of Payment

**Instructions:**

- COMPLETE SECTIONS (A) AND (B) (SIGNATURE REQUIRED)
- ELECT METHOD OF PAYMENT IN SECTION (C) (SIGNATURE REQUIRED)
- COMPLETE SECTION (D) OR (E) IF APPLICABLE. NOTE: YOUR DISTRIBUTION CANNOT BE PROCESSED IF YOU DO NOT PROVIDE THE REQUIRED WAIVER AND SPOUSE CONSENT, WITH SIGNATURE(S) AND WITNESS.
- COMPLETE SECTION (F) OR (G) FOR FEDERAL AND STATE INCOME TAX WITHHOLDING ON PERIODIC PAYMENTS (IF YOUR BENEFIT IS PAID AS AN ANNUITY. IF ANY PART OF YOUR DISTRIBUTION IS PAID AS A LUMP SUM (OR IN ANY OTHER FORM ELIGIBLE FOR ROLLOVER), COMPLETE THE FORM ENTITLED *Income Tax Withholding from Nonperiodic Payments*.)
- RETURN THE ENTIRE ELECTION FORM FOR PROCESSING, ALONG WITH ADDITIONAL INCOME TAX WITHHOLDING FORM(S) IF APPLICABLE.

### Section (A) Plan and Participant Information

<b>CONTRACT NUMBER</b> 13103-1-0	<b>CONTRACTHOLDER'S NAME</b> Pension Plan for the Lay Employees of the Parishes of the Diocese	<b>DEPT./BRANCH/SUB/GROUP</b>	
<b>NAME</b> _____		<b>CERTIFICATE NUMBER</b> _____	<b>U.S. CITIZEN?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ADDRESS</b> _____ _____			<b>If NO, Country of Citizenship</b> _____
<b>LEGAL STATE OF RESIDENCE</b> _____ IF THE LEGAL STATE OF RESIDENCE IS NOT PROVIDED, MASSMUTUAL WILL USE THE STATE PROVIDED IN THE MAILING ADDRESS FOR STATE TAX PURPOSES. <input type="checkbox"/> CHECK IF MAILING ADDRESS OR LEGAL STATE OF RESIDENCE HAS CHANGED.			
<b>DATE OF BIRTH</b> _____	<b>SEX</b> _____	<b>REPORTED MARITAL STATUS</b> _____	<b>SPOUSE DATE OF BIRTH</b> _____

### Section (B) - Statement of Marital Status (Must be completed by Participant)

I, the Participant, attest, under the pains and penalties of perjury, that:

- I am married   
  I am not married   
  I am not legally married   
  I am legally married

<b>PARTICIPANT'S SIGNATURE</b> ▶ _____	<b>DATE</b> _____
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### Section (C) - Participant's Election of Method of Payment (Must be completed by Participant)

**Your Plan Administrator will advise you on which methods of payment are available under your Plan.**

I elect to receive my benefits commencing on (date) \_\_\_\_\_

- Life Annuity (no death benefit)  
 Life Annuity with payments guaranteed for ( Check one and complete Joint Annuitant / Beneficiary Designation section ):
- 60 months   
  120 months   
  180 months   
  \_\_\_\_\_ months

If at the date of my death any guaranteed payments remain payable, the designated Beneficiary will receive the remainder of guaranteed payments if any.

- Joint and Survivor Annuity ( Check continuance and complete Joint Annuitant / Beneficiary Data section below. )
- full   
  seventy five   
  two-thirds   
  one-half   
  other \_\_\_\_\_%
- Modified Cash Refund  
 Single Sum Distribution (One-time Payment)  
 Other (specify option) \_\_\_\_\_



**Joint Annuitant/Beneficiary Designation**

If you have elected a method of payment that may provide payments to a Joint Annuitant or Beneficiary following your death, complete the following section to designate your Joint Annuitant or Beneficiary. If you are married and you designate a Joint Annuitant other than your spouse, then your Spouse must complete the Consent to Waiver of Qualified Joint and Survivor Annuity (QJSA) in Section (E) and your Spouse's consent must be witnessed by a Plan Representative or Notary Public.

JOINT ANNUITANT / BENEFICIARY NAME	RELATIONSHIP TO PARTICIPANT	SEX
JOINT ANNUITANT SOCIAL SECURITY NUMBER	DATE OF BIRTH	
ADDRESS		

**ELECTION OF METHOD OF PAYMENT FOR COMMENCEMENT OF BENEFIT -- YOU MUST SIGN BELOW TO ELECT THE METHOD OF PAYMENT AND JOINT ANNUITANT/BENEFICIARY DESIGNATION INDICATED ABOVE, IF YOU ELECT A METHOD OF PAYMENT OTHER THAN A (QJSA) YOU MUST ALSO COMPLETE SECTION (D) OR (E) AS APPLICABLE.**

I elect to receive my Plan benefits paid effective as of the date shown above and in the method of payment indicated above. I acknowledge that I received this Certification of Benefit Data and Election of Method of Payment form and the Qualified Joint and Survivor Notice at least 30 days (but no more than 180 days) before my Annuity Starting Date or that I waive the 30-day waiting period and elect to begin benefits right now, in the method of payment selected herein and, if applicable, with the Joint Annuitant or Beneficiary indicated above (provided that my actual payments do not begin less than 7 days after I receive this information). This election cancels any prior election. I understand that I may change this election at any time up to and including the day my Plan benefit payments begin.

 PARTICIPANT'S SIGNATURE	DATE
 PLAN REPRESENTATIVE'S SIGNATURE	DATE

**Section (D) - UNMARRIED PARTICIPANT'S Waiver of Qualified Joint and Survivor Annuity (QJSA)**

Complete this section if:

- You are unmarried AND
- You have elected a form of payment that is not the QJSA Form for unmarried participants (refer to your Summary Plan Description).

I elect not to receive my benefits as a QJSA. Instead, I elect to receive my benefits in the method indicated in Section (C).

 PARTICIPANT'S SIGNATURE (or signature of Participant's legal guardian)	DATE
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**Witness: Your signature must be witnessed by a Plan Representative or Notary Public:**

**PLAN REPRESENTATIVE WITNESS:**

PLAN REPRESENTATIVE NAME	DATE
 PLAN REPRESENTATIVE'S SIGNATURE	

**NOTARY PUBLIC WITNESS:**

WITNESSED (State and County)	Subscribed and sworn to me this _____ day of _____, 20_____.
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES

**Section (E) - MARRIED PARTICIPANT'S  
Waiver of Qualified Joint and Survivor Annuity and Consent of Spouse to Waiver of Qualified Joint and Survivor Annuity (QJSA)**

You and your Spouse must complete Part 1) and Part 2) of this section if you are married and:

- You have elected a form of payment that is not the QJSA Form for married participants (refer to your Summary Plan Description)
- or-
- You have elected a Joint Annuitant or Beneficiary who is not your Spouse
- or-
- You have elected a Retroactive Annuity Starting Date (Please review the *Action Package* for a discussion of Retroactive Annuity Starting Dates)

The QJSA provides lifetime retirement payments in the form of a QJSA, with his or her spouse the joint annuitant, unless the participant elects another form of payment and the participant's spouse consents to the election.

**Part 1) Waiver of Qualified Joint and Survivor Annuity**

I elect not to receive my benefits as a Qualified Joint and Survivor Annuity. Instead, I elect to receive my benefits in the method indicated in Section (C), with the Joint Annuitant or Beneficiary designated in Section (C), if applicable.

<b>PARTICIPANT'S SIGNATURE</b> (or signature of Participant's legal guardian)	<b>DATE</b>
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**Part 2) Consent of Spouse**

As the spouse of the Participant, I acknowledge that I have read and understand the foregoing sections of this form, as well as the attached explanation of the Qualified Joint and Survivor Annuity and Estimated Benefits and Relative Value Disclosure Statement. I further acknowledge and understand that my spouse cannot waive the Qualified Joint and Survivor Annuity without my consent. I also acknowledge and understand that my spouse cannot take any of the following actions without my consent: (1) select to receive his/her retirement benefits in a form other than a Qualified Joint and Survivor Annuity; (2) elect a retroactive annuity starting date; and/or (3) select a person other than me as his/her beneficiary. By signing below, I agree to relinquish the rights described below that are provided to me by the Plan.

With this understanding, I consent to: *(Check all that apply):*

- My spouse's waiver of the Qualified Joint and Survivor Annuity and election to receive his/her retirement benefits in the form selected in Section (C) above. I have reviewed and understand the forms of benefit available under the Plan and the form of payment elected by my spouse. I acknowledge and understand that, as a consequence of my consent, I am relinquishing all of the rights and benefits I was entitled to under the Qualified Joint and Survivor Annuity form of payment. Furthermore, to the extent the form of payment elected by my spouse in Section (C), above, results in the payment to me of lower benefits or no benefits at all, I understand this result and specifically consent to it.
- My spouse's election of a Retroactive Annuity Starting Date. I acknowledge and understand that as a consequence of my consent, my spouse's election of a retroactive annuity starting date may result in a smaller survivor annuity amount than would have been paid based on a prospective retirement date.
- My spouse's election of \_\_\_\_\_ (insert beneficiary named in Section (C)) as his/her designated beneficiary. I acknowledge and understand that as a consequence of my consent to the payment of Plan benefits to a beneficiary other than me, I may not be entitled to any benefits from the Plan, and my spouse may not change this beneficiary election without my consent.

<b>SPOUSE'S NAME</b>	<b>DATE</b>
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<b>SPOUSE'S SIGNATURE</b> (or signature of spouse's legal guardian)
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**Witness: Above Election and Spouse Consent must be witnessed by a Plan Representative or Notary Public:**

**PLAN REPRESENTATIVE WITNESS:**

PLAN REPRESENTATIVE NAME	DATE
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SIGNATURE

**NOTARY PUBLIC WITNESS:**

WITNESSED (State and County)	Subscribed and sworn to me this _____ day of _____, 20____.
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES

**Section (F) - Federal Tax Withholding Election Applicable to Periodic Payments**

Complete this section if you elect a method of payment that provides periodic payments that are not subject to Direct Rollover rules, including most annuities that provide monthly payments. This section does not apply to Single Sum Distributions and certain other payment forms that are eligible for rollover. Please review the *Special Tax Notice* before completing this Section. (If your plan provides a method of payment eligible for rollover, we have enclosed a *Special Tax Notice* and a form entitled *Income Tax Withholding from Nonperiodic Payments*, which must be completed.)

If you elect a form of payment that is a periodic payment, such as a monthly annuity, MassMutual is required by law to withhold Federal income tax from taxable income payments unless you, the payee, elect otherwise. MassMutual is also required to notify you that if sufficient Federal income tax is not withheld from taxable payments, you may be required to pay estimated taxes. A penalty might also be imposed by the IRS if your withholding and estimated tax payments do not satisfy minimum IRS requirements.

**Please contact your tax advisor or the IRS if you have any questions concerning this election.**

**Election:** I have read the above information and:

- I.  I elect to have **no** Federal income tax withheld from my payment(s).
- II.  I elect to have Federal income tax withheld from my payment(s).
  - a.  Single       Married       Married, but withhold at a higher single rate.
  - b. Number of allowances \_\_\_\_\_
  - c. I want the following *additional* amount withheld from each annuity payment: \$ \_\_\_\_\_  
*(You may not enter an amount here without entering the number of allowances in item b.)*

**Section (G) - State Tax Withholding Election Applicable to Periodic Payments**

**STATE WITHHOLDING:** Contact your tax advisor or your state's tax department if you have any questions concerning state tax withholding. Refer to the *State Tax Information* document for important information regarding State Withholding in your Legal State of Residence. If you make an election that is not in compliance with your state's regulations, MassMutual will default to your state's requirements.

**No State Tax Withholding Election**

I have read the *State Tax Information* document and I elect to have no state income tax withheld from my payment(s).

**Voluntary State Income Tax Withholding**

I have read the *State Tax Information* document and I elect to have the following voluntary state income tax withheld from my payment(s) (choose one):

\_\_\_\_%

\$ \_\_\_\_\_ (whole dollar amount)

\_\_\_\_ based on my state's tax table formula, if applicable (MassMutual will apply the default tax allowance)

**Additional State Income Tax Withholding**

I have read the *State Tax Information* document and I elect to have an additional \_\_\_\_% or \$ \_\_\_\_\_ (whole dollar amount) state income tax withheld from my payment(s).