

NOTICE OF DEATH: Spouse Beneficiary

All Asterisked (*) items are *required* to be completed in order to process the Benefit.

PLAN ADMINISTRATOR INSTRUCTIONS AND PLAN DATA

IMPORTANT: MassMutual will process this death benefit upon receipt in good order.

- Ensure beneficiary is correctly identified before submitting this form.
- Ensure this form is complete and that all asterisked items are completed.
- Submit this form only after final contributions and loan repayments are submitted on the deceased Participant's behalf and after you have received all designated beneficiary forms.
Note: Final contributions/loan repayments invested after the benefit is paid are subject to the this benefit election and an extra check charge.

Account Number 60041-1-1

Sponsor Name Trustees, ECA & 401(k)

Plan Name Elevator Constructors Annuity and 401(k) Retirement Plan

A. DECEASED PARTICIPANT INFORMATION: Beneficiary or Plan Administrator must complete

*Name _____
first middle last

*Was the Deceased Participant a 5% Owner of the above company? (See the Instructions for the definition of a 5% Owner) Yes No

*Social Security No. _____ *Date of Death (mm/dd/yyyy): _____

*Legal Address _____
street

city state zip

B. BENEFICIARY INFORMATION: Beneficiary must complete remaining sections, sign the form and obtain the Plan Administrator Signature

*Name _____
first middle last

*Social Security No./TIN _____ *Birth Date (mm/dd/yyyy) _____ * Telephone # _____
E-mail Address _____

*Address _____
street

city state zip

Legal State of Residence _____

If the Legal State of Residence is not provided, MassMutual will use the state provided in the Mailing Address for state tax purposes.

C. ELECTION OF OPTIONS For Participants' account balances below the Plan's minimum cashout amount (commonly \$5,000; contact the Plan Administrator for details), only a One-Sum Cash Payment or Direct Rollover can be selected.

***CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS:**

- Continuation of the Account with MassMutual:** (Refer to the Instructions for important information regarding this election and what your responsibilities are regarding future distributions.)

Be sure to:

Attach Beneficiary/Alternate Payee Election Form

Complete the Income Tax Withholding Section on page 2 if a minimum distribution is required (*refer to the Instructions for important information regarding required minimum distributions*)

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COMPLETE ALL PAGES

One-Sum Cash Payment to Me:

All or Amount: \$ _____

Unless "All" is selected, elect an additional option in this Section for the rest of your vested account balance prior to submitting this form.

Direct Rollover

To: my IRA my employer's eligible plan.

Include After Tax Amount, if applicable. **Make sure the receiving rollover plan accepts after tax dollars. If no election is made, a check will be issued to you for the after tax amount.**

Name of financial institution to which the rollover check should be issued:

Conversion to my Roth IRA

Name of financial institution to which the conversion check should be issued:

Life Expectancy Installment Payments: Periodic payments from my account to start the first day of:

Enter Month _____

Select Payment frequency: Monthly Quarterly Semi-Annually Annually.

Annuity: (Annuity options may not be available per the plan provisions. For more information about the annuity options available under the plan, contact the MassMutual Participant Information Center at 1-800-743-5274.)

Enter Annuity Starting Date: Month _____ Day _____ Year(see note below) _____

Select Annuity: Immediate Annuity Deferred Annuity Select one Annuity type: Full Cash Refund

Ten Year STIP Life No Death Joint & Survivor – Full Joint & Survivor – 2/3 Joint & Survivor – 1/2

Note: Only complete the year if the participant died prior to the Required Beginning Date. The year designated cannot be later than the year in which the deceased participant would have attained age 70½. Refer to the Instructions for important information regarding the Required Beginning Date.

D. INCOME TAX WITHHOLDING

***FEDERAL WITHHOLDING: Refer to the Instructions for important information regarding Federal Withholding**

One-Sum Cash Payment or Direct Rollover: Choose only one option below based on your elected benefit option above

I read the Special Tax Notice(s) and (select only one option below):

Withholding does not apply as I have directly rolled over the entire taxable payment.

Deduct the 20% mandatory federal income tax withholding from the taxable portion of my payment.

Deduct the 20% mandatory federal income tax withholding from the taxable portion of my payment and withhold an additional amount of \$ _____.

Installments or Annuity Payments Based on Life Expectancy:

I read the Special Tax Notice(s) and I elect to have federal income tax: not withheld withheld.

If "withheld" is elected for installment or annuity payments, complete below (refer to IRS instructions for Form W-4P for more information):

a. Single Married Married, but withhold at the higher single rate

b. Number of allowances _____

c. I want the following additional amount withheld from each payment: \$ _____

***STATE WITHHOLDING: Refer to the Instructions for important information regarding State Withholding**

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).

E. METHOD OF PAYMENT

Direct deposit to a bank account of which I am an account holder - Deposited within 3 business days from date of processing.

This option is NOT available for Rollovers.

To elect Direct Deposit, you must select either Checking or Savings and you must provide a voided check or copy of a pre-printed, account-specific deposit slip or a bank specification sheet from your bank for validation.

Checking Savings

Bank Name

Bank ABA/Routing (9 digits)

Bank Account No.

Please note that we can only send funds via direct deposit to banks with a valid U.S. routing number.

I understand that if I do not fully complete this section or the bank account information I have provided is invalid, a check will be mailed. I understand that a reprocessing fee may be charged to my account if the direct deposit is declined by my financial institution. Subsequent withdrawals will be processed in the same manner (up to 180 days from the date of the original distribution) unless I notify MassMutual in writing to distribute the money differently. I also authorize MassMutual to initiate a debit to my account for any overpayment or payments made in error.

Send payment by check - Allow up to 10 business days for postal service delivery.

F. SIGNATURES

I understand that I have a right to a 30-day election period and I acknowledge that I am waiving the 30-day election period by making an affirmative election on this distribution form. I have read the Instructions and understand the elections I have made. I further understand there may be a charge for each distribution processed or a one-time installment or annuity set-up fee deducted from my account balance. If all required items are not completed on this form, payment will be delayed and the form may be returned to me for completion. If electing direct deposit, by signing below I certify that I am an account holder on the bank account listed above.

*

Beneficiary

*

____/____/____

Date

I, the plan Administrator, certify the above information is correct, the above beneficiary is the valid beneficiary as elected by the Participant or provided for by the Plan document, and the beneficiary's election is allowed under the plan.

*

Plan Administrator

*

____/____/____

Date

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