

**Notice of Death/Benefit Claim Form**  
**Animation Guild 401(k) Plan**

**Please return form to:**  
**MassMutual**  
**1295 State Street – N405**  
**Springfield, MA 01111**

**IMPORTANT: Complete this form for each beneficiary and attach a copy of the Participant’s Death Certificate.**

**Account Number 51878 - 1**

Deceased Participant’s Name \_\_\_\_\_  
first middle last

Social Security No. \_\_\_\_\_ Date of Death (mm/dd/yyyy): \_\_\_\_\_

Legal Address \_\_\_\_\_  
street

city state zip

Marital Status:  Not Married  Married, Spouse’s name \_\_\_\_\_  
first middle last

Beneficiary's Name \_\_\_\_\_  
first middle last

Social Security No. \_\_\_\_\_ Birth Date (mm/dd/yyyy): \_\_\_\_\_ E-mail Address \_\_\_\_\_

Beneficiary’s Address \_\_\_\_\_  
street

city state zip

**ELECTION OF OPTIONS**

[Note: Before completing this form, you may request an estimate of your benefit options by submitting an Estimate of Benefit Options form.]

- Continuation of the Account:** Defer distribution of the death benefit from the Participant’s account.
  1. **Attach an Enrollment Form.** Enter your name and next to your name, write "surviving beneficiary." Include the deceased Participant's Social Security number and complete the Beneficiary Designation section.
  2. **It is your responsibility** to request a distribution by the legal deadline. If you are a Participant’s spouse, you must start receiving distributions by the year the Participant would have attained age 70½. If you are a non-spouse beneficiary, you must receive the benefit within 5 years of the Participant's death or begin to receive the benefit by the calendar year immediately following the calendar year in which the Participant died. Begin distribution by completing a Benefit Election form.
- One-Sum Cash Payment:** Direct payment to me of my account balance:
  - All of my account balance
  - Partial Payment: \$ \_\_\_\_\_
    - Pay the remaining account balance as otherwise elected on this form.
    - Leave the remaining account balance in the Plan.
- Periodic Distribution Options:** You may elect to receive benefits in equal monthly payments (not to exceed 120 payments). If you die before receiving all payments, the remainder will be paid to your designated beneficiary.  
 \_\_\_\_\_ Number of Months [ ] Monthly Payments [ ] Quarterly Payments [ ] Annual Payments
- Joint and Survivor Annuity** \_\_\_\_\_ 50% \_\_\_\_\_ 66 2/3% \_\_\_\_\_ 100%: You may elect to have monthly payments made to you during your lifetime which, upon your death, will continue to your spouse for his/her lifetime at a percentage of the amount that you received monthly.
- Single Life Annuity:** (available for married members who waive 50% joint and survivor annuity payment option). You may elect to have monthly payments made to you for your lifetime only. There will be no payments made to your spouse or beneficiary after your death.
- Single Life Annuity with certain payments of** \_\_\_\_\_ 5 \_\_\_\_\_ 10 or \_\_\_\_\_ 15 years
- Minimum Distribution due to attainment of age 70 ½.**
- Direct Rollover:** Payment to:  my IRA\*  my employer's eligible plan.  
 \*Please contact MassMutual if you are considering rolling over your account balance to an IRA.  
 Name of financial institution or plan trustee to whom the rollover check should be issued:  
 \_\_\_\_\_

**INCOME TAX WITHHOLDING** Beneficiary must complete section unless Continuation of the Account is elected.

**FEDERAL WITHHOLDING:** Distributions of pre-tax contributions plus interest on all contributions are subject to federal income tax. Payment to a spouse beneficiary who is not electing a direct rollover is subject to 20% federal income tax withholding on the taxable portion of the distribution. Federal income tax withholding is optional for payments to a non-spouse beneficiary and any installment or annuity payments payable over life expectancy or 10 years or more. (If no election is made, MassMutual will withhold federal income tax.) Please read the *Special Tax Notice*. **Contact your tax advisor or the IRS if you have any questions concerning tax withholding.**

**One-Sum Cash Payment: Direct Rollover: Installments of Less than 10 Years to Beneficiary:**

I have read the Special Tax Notice and:

- 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 of 10 Years or More or Based on Life Expectancy: One-Sum Cash Payment to Non-spouse Beneficiary:**

I have read the Special Tax Notice and I elect to have federal income tax:  not withheld  withheld. (If One-Sum Cash Payment to non-spouse beneficiary, the distribution is subject to 10% withholding if "withheld" is elected).

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:** State income tax is withheld as noted below. For additional information, contact your state's Department of Revenue.

- **No Withholding:** Residents of states without state income tax (Alaska, Florida, Nevada, South Dakota, Texas, Washington and Wyoming) or with no withholding provisions (Arizona (for one-sum cash payments), District of Columbia, Hawaii, Idaho, Mississippi, New Hampshire, Pennsylvania, Rhode Island and Tennessee) must leave this section blank.
- **Required Withholding:** Residents of Delaware, Iowa, Kansas, Maine, Massachusetts, North Carolina (for distributions eligible for rollover), Oklahoma, or Vermont who have federal income tax withheld will have state income tax withheld from the taxable portion of a payment over the state's minimum amount. You may elect an additional amount to be withheld in Box 1. Residents of Iowa, Maine, Oklahoma, and Vermont who do not have federal income tax withheld may elect to have state income tax withheld in Box 1.
- **Required but may Elect Out:** Residents of California, Georgia (for distributions not eligible for rollover), North Carolina (for distributions not eligible for rollover), Oregon, or Virginia will have state income tax withheld from the taxable portion of a payment over the state's minimum amount, unless Box 2 is checked. You may elect an additional amount to be withheld in Box 1.
- **Voluntary Withholding:** Residents of all other states may elect to have state income tax withheld by completing Box 1.
  1.  **Additional or Voluntary Withholding:** I want \$ \_\_\_\_\_ (enter whole dollar amount) withheld from my payment for state income tax in addition to any required withholding.
  2.  **No Withholding:** I do **not** want state income tax withheld from my payment.

**SIGNATURES**

I understand that I have a right to a 30-day election period. I further acknowledge that I am waiving the 30-day election period by making an affirmative election on this distribution form. I understand there may be a charge for each check issued or a one-time installment or annuity set-up fee deducted from my account balance and, if all required items are not completed on this form, payment will be delayed.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Beneficiary Date

Subscribed and sworn to before me: \_\_\_\_\_ My commission expires: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Required – Notary or Trustee) Date

Trustee \_\_\_\_\_