

# **QUALIFIED DOMESTIC RELATIONS ORDER BENEFIT PAYMENT**

Contractholder Name

Plan Name

**New QDRO Set-Up and Payout** – Complete all sections of this form.

**New QDRO Set-Up** – Complete all sections of this form except Benefit Payout and Tax Withholding.

**Existing QDRO Payout**- If you previously submitted this form to set-up a separate account for Alternate Payee, and the account can now be paid out, complete all sections except New QDRO Set-Up and Benefit Information.

## **NEW QDRO SET-UP**

Participant's Name

first

middle

last

Social Security No.

Participant's Address

street

city

state

zip

## **ALTERNATE PAYEE INFORMATION**

Alternate Payee:          Former Spouse      Child [Complete and attach a separate form for each Alternate Payee.]

Alternate Payee's Name

first

middle

last

Social Security No.

Date of Birth (mm/dd/yyyy)

Alternate Payee's  
Address

street

city

state

zip

## **BENEFIT INFORMATION - To Be Completed by the Company's Plan Administrator (do not send the Court Order to MassMutual Retirement Services)**

I, the Plan Administrator, reviewed the domestic relations order for the Participant in which a portion of the account balance is awarded to the Alternate Payee, and I determined the order constitutes a Qualified Domestic Relations Order pursuant to IRC Sections 401(a)(13) and 414(p).

**Amount of Benefit:**                  or                  % from the Participant's vested Account Balance as of:

(enter effective date: mm/dd/yyyy)

or          date QDRO is processed by MassMutual

From this date until the date the money is moved to the Alternate Payee's separate account, interest should:

be added to the amount of benefit as of the the effective date entered above.

a fixed rate of interest of          % or          the account's rate of return.

not be added to the amount of benefit.

The vested Account Balance for this determination:    includes    excludes    outstanding loan balances.

**Transferred Assets (if applicable):** If the Amount of Benefit is determined as of a date prior to assets being held at MassMutual, enter the account balance on that date:                  and the amount of interest                  for the period prior to MassMutual receiving all assets.

**Benefit Commencement:**

Immediately payable.

Not immediately payable. Plan Administrator will submit a Qualified Domestic Relations Order Benefit Payment form prior to the benefit commencement date or upon the Participant's termination of employment if earlier. **Attach an Enrollment form** to set up a separate account for the Alternate Payee. On the form, enter the Alternate Payee's name (and next to the name, write "Alternate Payee") and the Alternate Payee's Social Security number. Also, have the Alternate Payee complete the rest of the form, including the Investment Selection section and the Beneficiary Designation section.

[Refer to your Plan document to determine if the benefit option can be immediately payable.]

**BENEFIT PAYOUT**

A **One-Sum Cash Payment** of the benefit as a direct payment to me.

A **Direct Rollover** Amount all of the benefit all the taxable portion of the benefit  
To: my traditional IRA my employer's plan. Name of financial institution to whom the rollover check should be issued:

[Note: If a portion of the benefit is rolled over, the remainder is paid as a one sum cash payment to the alternate payee.]

**TAX WITHHOLDING** Complete this section if benefit is immediately payable.

**FEDERAL WITHHOLDING:** Distributions pre-tax of contributions plus interest on all contributions are subject to Federal income tax. Federal income law requires that 20% of the taxable amount of the distributions be withheld, unless the payment is directly rolled over to an eligible employer plan or a traditional IRA. Please have the alternate payee read the attached *Special Tax Notice*. **S/he should contact a tax advisor or IRS with any questions concerning tax withholding.**

Withholding does not apply as the entire taxable amount is being directly rolled over.

Deduct the 20% mandatory Federal tax withholding from the taxable portion of the payment.

Deduct the 20% mandatory Federal tax withholding from the taxable portion of the payment and withhold an additional amount of

**STATE WITHHOLDING:** State income tax is withheld as noted below. Alternate Payees can obtain further information by contacting their state's Department of Revenue.

- **No Withholding:** Residents of states without state income tax (Alaska, Florida, Nevada, South Dakota, Texas, Washington and Wyoming) or no withholding provisions (Arizona (for one-sum cash payments) Colorado, District of Columbia, Hawaii, Idaho, Michigan (for one-sum cash payments), Mississippi, New Hampshire, North Dakota, Pennsylvania, Rhode Island, and Tennessee) must leave this section blank.
- **Required Withholding:** Residents of Iowa, Kansas, Maine, Massachusetts, North Carolina, 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. The alternate payees may elect an additional amount to be withheld in Box 1. Residents of Iowa, Oklahoma, and Vermont who do not have Federal income tax withheld may elect to have state tax to be withheld in Box 1.
- **Required but may Elect Out:** Residents of California, Delaware, Georgia (with installment/annuity payments exceeding 10 years), Oregon, or Virginia will have state tax withheld from the taxable portion of a payment over the state's minimum amount, unless Box 2 is checked. The alternate payees may elect an additional amount to be withheld in Box 1.
- **Voluntary Withholding:** Residents of all other states may elect to have state tax withheld by completing Box 1.
  1. **Additional or Voluntary Withholding:** Withhold \_\_\_\_\_ (enter whole dollar amount) withheld from the distribution for state income tax in addition to any required withholding.
  2. **No Withholding:** Do not withhold state income tax withheld from the distribution.

**SIGNATURES**

*I understand there may be a charge deducted from my account balance for each check issued (or for reissued checks or adjustments due to incorrectly completed items). If all of the items are not completed on this form, payments will be delayed.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Alternate Payee (signature needed if either QDRO payout boxes checked on reverse side) Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Plan Administrator (signature always required) Date