

PRIMARY BENEFICIARY HARDSHIP STATEMENT

IMPORTANT: Use this form for hardship withdrawals when the primary beneficiary determination of hardship is used by the Plan.

Do not submit this form to MassMutual.

Participant's Name

first

middle

last

Social Security No.

HARDSHIP REQUEST

1. I request a withdrawal of \$ _____ due to hardship for the following reason(s):

Expenses for Medical Care for my **Primary Beneficiary**, his/her spouse, or his/her dependent.

Tuition and Related Education Fees including room and board expenses, for the next 12 months for post-secondary education for my **Primary Beneficiary**, his/her spouse, or his/her dependent.

Payment for Burial or Funeral Expenses for my **Primary Beneficiary's** deceased parent, spouse, children or dependents.

Please attach documentation evidencing the expense for which this hardship is requested and list the recipient on the expense document.

2. I request an additional amount to pay anticipated federal, state, or local income taxes or excise taxes due to this distribution.

3. I certify that the withdrawal amount requested is not in an amount more than my **Primary Beneficiary's** immediate and heavy financial need, due to the reason stated in item (1) above.

Consult your tax advisor and the Special Tax Notice for additional details on tax consequences.

Note: All distributions and nontaxable loans from this Plan and all other plans maintained by the employer must be exhausted prior to receiving a hardship distribution as long as they are reasonably available (i.e., the loan(s) will not increase the level of need).

Consequence of Withdrawal: I understand that my elective deferral and my after-tax contributions to this Plan and all other plans maintained by the Employer may be suspended for a 6-month period or as provided by the terms of the Plan, after the hardship withdrawal is made.

SIGNATURE

Participant Signature

Date

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