

# Required Minimum Distributions Overview

**IMPORTANT NOTE: Use this section of the Overview for participants born before July 1, 1949, beneficiaries of deceased participants who passed away December 31, 2019 or earlier, or Beneficiaries in ALL Governmental and Taft Hartley plans.**

## What are Required Minimum Distributions?

Required Minimum Distributions (RMDs) are amounts that a retirement plan account holder must withdraw annually, typically starting no later than April 1st of the calendar year following the calendar year in which he or she attains age 70½, or the year in which he or she retires if later.

## When must I begin to receive a RMD?

Please refer to the chart below for general information on RMD requirements. **Note:** The parameters below are the general rule and may vary depending on plan specifics. Additionally, the terminated/retired/active statuses in the below chart refer to your employment status with the employer that sponsors this plan.

## What is a required beginning date?

The required beginning date (RBD) is the date by which a person is required to take his or her first RMD. Generally, a person's RBD is no later than April 1st of the year following the calendar year in which he or she reaches 70½, or the year in which he or she retires if later. Subsequent RMDs must be taken by December 31st of each year. **Note:** The option to defer RMD payments until retirement is not allowed for more than 5%\* owners or if your plan does not allow the deferral option.

Type of Participant	RMD Requirements
<ul style="list-style-type: none"> <li>I turned 70½ in the current year and,</li> <li>I am retired or terminated from the employer who sponsors this plan.</li> </ul>	<ul style="list-style-type: none"> <li>Your first RMD is due no later than April 1 of the following year.</li> <li><b>Please note:</b> If you defer your first RMD until April 1 of the following year, you will still be required to take your subsequent RMD by December 31.</li> </ul>
<ul style="list-style-type: none"> <li>I am 70½ or older and,</li> <li>I retired or terminated employment prior to the current calendar year and,</li> <li>This is not my first RMD.</li> </ul>	<ul style="list-style-type: none"> <li>You are required to receive your RMD annually by December 31.</li> </ul>
<ul style="list-style-type: none"> <li>I am a 5%* owner and,</li> <li>I will be 70½ or older in the current year and,</li> <li>I am not retired or otherwise separated from service.</li> </ul>	<ul style="list-style-type: none"> <li>If you attained age 70½ in the current calendar year then your RMD is due no later than April 1 of the following year.</li> <li><b>Please note:</b> If you defer your first RMD until April 1 of the following year, you will still be required to take your subsequent RMD by December 31.</li> </ul>
<ul style="list-style-type: none"> <li>I am a 5%* owner and,</li> <li>I am 70½ or older and this is not my first RMD and,</li> <li>I am not retired or otherwise separated from service.</li> </ul>	<ul style="list-style-type: none"> <li>You are required to receive your RMD annually by December 31.</li> </ul>
<ul style="list-style-type: none"> <li>I am an active participant who has attained age 70½ and,</li> <li>I am not a 5%* owner and,</li> <li>I have not been a 5%* owner since attaining 70½</li> </ul>	<ul style="list-style-type: none"> <li>You are required to receive a RMD distribution by April 1 following the end of the calendar year in which you retire or separate from service.</li> </ul>
<ul style="list-style-type: none"> <li>I am a spouse, non-spouse, trust, "qualified look through trust", or estate beneficiary of a participant who died <i>after</i> his/her RBD.</li> </ul>	<ul style="list-style-type: none"> <li>In the year of Death, you are required to receive a RMD by Dec 31 of the year of the participant's death <u>only</u> if the participant did not already fulfill their RMD prior to their death.</li> <li>In subsequent years, you are required to receive your RMD annually by December 31.</li> </ul>
<ul style="list-style-type: none"> <li>I am a sole spouse beneficiary or a "qualified look through trust" with a sole spouse beneficiary, of a participant who died <i>before</i> his/her RBD.</li> </ul>	<ul style="list-style-type: none"> <li>You may elect to receive a RMD by December 31 of the year of the first anniversary of the participant's death; however, you can delay the distribution until December 31 of the year the participant would have turned 70½.</li> <li><b>Note:</b> Regardless of the option chosen, once started, RMDs must continue annually by December 31.</li> <li>You may instead receive a full distribution of the participant's account by December 31 of the year of the fifth anniversary of the participant's death.</li> </ul>
<ul style="list-style-type: none"> <li>I am a non-spouse or "qualified look-through trust" beneficiary, or a qualified look through trust with a non-spouse or multiple beneficiaries, of a participant who died <i>before</i> his/her RBD.</li> </ul>	<ul style="list-style-type: none"> <li>You are required to receive a full distribution of the participant's account by December 31 of the year of the fifth anniversary of the participant's death, unless you begin taking distributions over your own life expectancy by December 31 of the year of the first anniversary of the participant's death.</li> </ul>
<ul style="list-style-type: none"> <li>I am an estate or trust beneficiary of a participant who died <i>before</i> his/her RBD.</li> </ul>	<ul style="list-style-type: none"> <li>You are required to receive a full distribution of the participant's account by December 31 of the year of the fifth anniversary of the participant's death.</li> </ul>
<ul style="list-style-type: none"> <li>I am a QDRO Alternate Payee.</li> </ul>	<ul style="list-style-type: none"> <li>Follow the rule for the participant's age and status above.</li> </ul>

\* A 5% owner is one who owns more than 5% of Company stock or business interest; or a spouse, child, grandparent or parent of a 5% owner. Ownership is determined as of the plan year ending in the calendar year the participant attains age 70 ½. Ownership, for the purposes of RMD requirements, will always apply when ownership is retained at or beyond age 70 ½. This is not applicable to governmental plans; 403(b) and 457(b) plans do not have 5% owners.

**IMPORTANT NOTE: Use this section of the Overview for participants born after June 30, 1949 or beneficiaries of deceased participants who passed away January 1, 2020 or later that are not part of a Governmental or Taft Hartley plan. NOTE: Beneficiaries in Governmental and Taft Hartley plans should use the Overview on page 1 of this document only. Please contact the Plan to determine if this is applicable to you.**

**What are Required Minimum Distributions?**

Required Minimum Distributions (RMDs) are amounts that a retirement plan account holder must withdraw annually, typically starting no later than April 1st of the calendar year following the calendar year in which he or she attains age 72, or the year in which he or she retires if later.

**When must I begin to receive a RMD?**

Please refer to the chart below for general information on RMD requirements. **Note:** The parameters below are the general rule and may vary depending on plan specifics. Additionally, the terminated/retired/active statuses in the below chart refer to your employment status with the employer that sponsors this plan.

**What is a required beginning date?**

The required beginning date (RBD) is the date by which a person is required to take his or her first RMD. Generally, a person's RBD is no later than April 1st of the year following the calendar year in which he or she reaches 72, or the year in which he or she retires if later. Subsequent RMDs must be taken by December 31st of each year. **Note:** The option to defer RMD payments until retirement is not allowed for more than 5%\* owners or if your plan does not allow the deferral option.

**What is an Eligible Designated Beneficiary?**

An Eligible Designated Beneficiary is defined as a beneficiary who is (a) the Surviving Spouse (100% beneficiary), (b) a Minor Child of deceased employee, (c) disabled, (d) chronically ill, or (e) not more than 10 years younger than the deceased employee.

Type of Participant	RMD Requirements
<ul style="list-style-type: none"> <li>I turned 72 in the current year and,</li> <li>I am retired or terminated from the employer who sponsors this plan.</li> </ul>	<ul style="list-style-type: none"> <li>Your first RMD is due no later than April 1 of the following year.</li> <li><b>Please note:</b> If you defer your first RMD until April 1 of the following year, you will still be required to take your subsequent RMD by December 31.</li> </ul>
<ul style="list-style-type: none"> <li>I am 72 or older and,</li> <li>I retired or terminated employment prior to the current calendar year and,</li> <li>This is not my first RMD.</li> </ul>	<ul style="list-style-type: none"> <li>You are required to receive your RMD annually by December 31.</li> </ul>
<ul style="list-style-type: none"> <li>I am a 5%* owner and,</li> <li>I will be 72 or older in the current year and,</li> <li>I am not retired or otherwise separated from service.</li> </ul>	<ul style="list-style-type: none"> <li>If you attained age 72 in the current calendar year then your RMD is due no later than April 1 of the following year.</li> <li><b>Please note:</b> If you defer your first RMD until April 1 of the following year, you will still be required to take your subsequent RMD by December 31.</li> </ul>
<ul style="list-style-type: none"> <li>I am a 5%* owner and,</li> <li>I am 72 or older and this is not my first RMD and,</li> <li>I am not retired or otherwise separated from service.</li> </ul>	<ul style="list-style-type: none"> <li>You are required to receive your RMD annually by December 31.</li> </ul>
<ul style="list-style-type: none"> <li>I am an active participant who has attained age 72 and,</li> <li>I am not a 5%* owner and,</li> <li>I have not been a 5%* owner since attaining 72.</li> </ul>	<ul style="list-style-type: none"> <li>You are required to receive a RMD distribution by April 1 following the end of the calendar year in which you retire or separate from service.</li> </ul>
<ul style="list-style-type: none"> <li>I am an Eligible Designated Beneficiary (as defined above) where the participant passed away <i>after</i> his/her RBD.</li> </ul>	<ul style="list-style-type: none"> <li>In the year of Death, you are required to receive a RMD by Dec 31 of the year of the participant's death <u>only if</u> the participant did not already fulfill their RMD prior to their death.</li> <li>In subsequent years, you are required to receive your RMD annually by December 31.</li> <li>If you are a minor child, you must continue to receive annual payments until you reach the age of majority**. You will then no longer need to take annual payments, but will need to receive a full distribution of your remaining balance by December 31 of the year of the tenth anniversary of the year you reach the age of majority.</li> </ul>
<ul style="list-style-type: none"> <li>I am a spouse beneficiary, or a qualified look-through trust with a spouse beneficiary of a participant who died <i>before</i> his/her RBD.</li> </ul>	<ul style="list-style-type: none"> <li>You may elect to receive a RMD by December 31 of the year of the first anniversary of the participant's death; however, you can delay the distribution until December 31 of the year the participant would have turned 72.</li> <li><b>Note:</b> Regardless of the option chosen, once started, RMDs must continue annually by December 31.</li> </ul>
<ul style="list-style-type: none"> <li>I am an Eligible Designated Beneficiary where the participant passed away <i>before</i> his/her RBD.</li> </ul>	<ul style="list-style-type: none"> <li>Beginning the year after the participant's death, you are required to receive your RMD annually by December 31.</li> <li>If you are a minor child, you must continue to receive annual payments until you reach the age of majority**. You will then no longer need to take annual payments, but will need to receive a full distribution of your remaining balance by December 31 of the year of the tenth anniversary of the year you reach the age of majority.</li> </ul>
<ul style="list-style-type: none"> <li>I am not an eligible designated beneficiary (as defined above),</li> <li>The participant died <i>after</i> his/her RBD.</li> </ul>	<ul style="list-style-type: none"> <li>In the year of Death, you are required to receive a RMD by Dec 31 of the year of the participant's death <u>only if</u> the participant did not already fulfill their RMD prior to their death.</li> <li>You are required to receive a full distribution of the participant's account by December 31 of the year of the tenth anniversary of the participant's death.</li> </ul>

<ul style="list-style-type: none"> <li>I am not an eligible designated beneficiary (as defined above),</li> <li>The participant died <i>before</i> his/her RBD.</li> </ul>	<ul style="list-style-type: none"> <li>You are required to receive a full distribution of the participant's account by December 31 of the year of the tenth anniversary of the participant's death.</li> </ul>
<ul style="list-style-type: none"> <li>I am an estate or trust beneficiary of a participant who died <i>after</i> his/her RBD</li> </ul>	<ul style="list-style-type: none"> <li>In the year of Death, you are required to receive a RMD by Dec 31 of the year of the participant's death <u>only</u> if the participant did not already fulfill their RMD prior to their death.</li> <li>You are required to receive a full distribution of the participant's account by December 31 of the year of the fifth anniversary of the participant's death.</li> </ul>
<ul style="list-style-type: none"> <li>I am an estate or trust beneficiary of a participant who died <i>before</i> his/her RBD</li> </ul>	<ul style="list-style-type: none"> <li>You are required to receive a full distribution of the participant's account by December 31 of the year of the fifth anniversary of the participant's death.</li> </ul>
<ul style="list-style-type: none"> <li>I am a QDRO Alternate Payee.</li> </ul>	<ul style="list-style-type: none"> <li>Follow the rule for the participant's age and status above.</li> </ul>

\* A 5% owner is one who owns more than 5% of Company stock or business interest; or a spouse, child, grandparent or parent of a 5% owner. Ownership is determined as of the plan year ending in the calendar year the participant attains age 72. Ownership, for the purposes of RMD requirements, will always apply when ownership is retained at or beyond age 72. This is not applicable to governmental plans; 403(b) and 457(b) plans do not have 5% owners.

\*\* Based on current IRS guidance, the "age of majority" is 18 years of age.

### ***For all participants and beneficiaries:***

#### ***What if I do not meet the RMD rules?***

Failure to meet the RMD requirements may result in a 50% federal excise tax payable to the IRS by you. This tax is applied to the amount by which the RMD exceeds the amount you actually received (if any). To report and pay the federal excise tax due or to request a waiver of the tax, you will need to file an IRS Form 5329. File this form with your IRS Form 1040.

#### ***How is the RMD calculated?***

Your RMD amount is determined by applying a distribution period set by the IRS to your account balance at the end of the previous year. Refer to IRS Publication 590 for calculation tables and methods, which is available on the IRS website at [www.irs.gov](http://www.irs.gov).

#### ***How will a withdrawal during the year affect my RMD?***

Any taxable cash payment(s) withdrawn from your plan during the year will be applied to your RMD payment. For instance, if your current year RMD payment is supposed to be \$5,000, and you take \$2,000 in cash payment withdrawals during the year, you will be required to take an additional \$3,000. **Note:** If your plan transitioned to Empower Retirement in the current year, distributions processed by the prior recordkeeper will not be considered when your RMD is calculated.

#### ***What if I have multiple accounts?***

If you have multiple retirement accounts (including custodial accounts), your RMD should be determined separately for each account. Empower Retirement will only calculate the RMD amount based on your balance in the retirement account that is invested with Empower Retirement.

#### ***What are my tax considerations?***

- 10% tax withholding will be applied to your RMD (unless you elect no, or additional, withholding on this amount).
- If federal tax is withheld, your state may also require state tax be withheld.
- Withholding is for pre-payment of federal (or state) income tax. You may be subject to additional federal and/or state taxes.
- Your RMD cannot be rolled over.
- If your address is outside of the United States, a Citizenship Statement and W8-BEN (if applicable) are required to be submitted with your RMD Election Form. If these forms are not received, Empower Retirement will withhold 30% towards taxes from your payment.

#### ***"Calendar Year" on the Required Minimum Distribution (RMD) Election Form refers to the year this RMD is attributable to:***

- If this is your initial RMD because your first RMD was due in the prior year but you decided to defer the RMD distribution to April 1, of the current year, the applicable "Calendar Year" is the prior year.
- If this withdrawal is one that you are required to take this year other than the above special situation for initial RMD recipients, the applicable "Calendar Year" is the current year.
- Note:** Those participants, who deferred their initial RMD, will also be required to take a second RMD during the current year that is attributable to the current "Calendar Year". A separate election form will be required for this RMD. Since both the initial and second RMD are actually paid to you during the current year, you will be taxed on both RMD's for the current tax year.

***Your retirement planning decisions are based on your personal situation - Empower Retirement encourages you to consult with your investment or tax advisor to assess your actual RMD requirements.***

The information contained in this overview is not intended or written as specific legal or tax advice and may not be relied on for purposes of avoiding any federal tax penalties. Neither Empower Retirement nor any of its employees or representatives is authorized to give legal or tax advice. You must rely on the advice of your own independent tax counsel.

This page is intentionally left blank.

# Required Minimum Distribution Request Form

**457(b) Governmental, 401 and 403(b) Plan Administrator Authorization Required.** This form is intended for retired employees (separated from service) age 72 (or age 70½ for Participants born prior to 07/01/1949) or older, Beneficiaries, and QDRO Alternate Payees.

Use this Form to:

- request a required minimum distribution (RMD)

Do not use this Form if:

- you are separated from service and have already fulfilled your current year RMD requirement (participants may use the *Withdrawal Request Form*)
- you are actively employed and you want an in-service withdrawal (participants may use the *Withdrawal Request Form*)
- you want to request installment payments and your Plan permits this option (participants may use the *Systematic Withdrawal/ Installment Payment Option Request Form*)
- you want to request an annuity and your Plan offers annuity payment options. Please contact your Plan Administrator for further information.
- you are a spouse beneficiary and wish to defer your distribution until the participant would have reached age 72 (or age 70½ if they were born prior to 07/01/1949) (you may use the *Beneficiary Election Form*).
- you are a non-spouse beneficiary and wish to elect to receive the participant's entire account balance by 12/31 of the 5th anniversary of the participant's death (you may use the *Beneficiary Election Form*).

## Questions?

Call  
Empower Retirement's  
Customer  
Service Center  
1-800-528-9009

Fax  
877-526-2531 or  
800-678-8645

Online  
[www.massmutual.com/govnp](http://www.massmutual.com/govnp)

**RMDs are not eligible for rollover and must be paid from your account first before any other money can be withdrawn or rolled over.**

For more information about RMDs, please review the RMD Overview as well as the Plan's summary plan description (SPD) or other explanation of plan benefits provided by the Plan Administrator. You may additionally contact your Plan Administrator for further information. You may also be interested in IRS publications about RMDs, including "Retirement Plans FAQs regarding Required Minimum Distributions" and IRS Publication 590, both of which may be accessed on the IRS Website at IRS.gov. You may also want to consult with your own legal, financial and/or tax advisors before completing this form.

NOTE TO PARTICIPANTS USING THIS FORM: If the plan's normal form of benefit is a *Qualified Joint and Survivor Annuity (QJSA)*, the *Qualified Joint and Survivor Annuity Form* must be completed by the participant (and spouse, if applicable) and provided to the Plan Administrator prior to any requested distribution submitted for processing via this form. If the Plan's normal form of benefit is not a QJSA, but requires spousal consent for a distribution a *Spousal Consent Form* must be completed and provided to the Plan Administrator prior to any requested distribution submitted for processing via this form.

**Empower Retirement will not process this Form until it is received in good order. Please see the *Important Information* Section for the definition of "Good Order" requirements.**

## Section A - Plan Information

Group No.	Plan Name
-----------	-----------

## Section B - Applicant Information (Participant, Beneficiary or QDRO Alternate Payee)

If you are the participant, complete Section B. If you are a QDRO Alternate Payee or beneficiary, complete Sections B and C.

Please select one: <input type="checkbox"/> Participant <input type="checkbox"/> Beneficiary <input type="checkbox"/> QDRO Alternate Payee	SSN	Name	
* Legal Address		**Participant's Date of Retirement/ Severance from Service (MMDDYYYY)	
City	State	Zip Code	Daytime Phone Number

\*All future mailings will be sent to your legal address unless changed by you or your Employer and/or Plan Administrator, as applicable, as described under "Stale Address" in the *Important Information* Section.

\*\*Note: A Date of Retirement/Severance from Service must be provided to process the RMD. If you are actively employed, please complete a *Withdrawal Request* form.

## Section C - Original Participant Information provided by QDRO Alternate Payee or Beneficiary

Original Participant's Name	Original Participant's SSN
Relationship to participant: <input type="checkbox"/> Spouse <input type="checkbox"/> Former spouse <input type="checkbox"/> Non-spouse	Original Participant's Date of Birth (MMDDYYYY)

If you are a Beneficiary, please complete: Was the original participant employed at their date of death?

Yes, proceed to Section D

No, complete the following: Original Participant's Date of Retirement/Date of Severance from Service or Date of Death (MMDDYYYY) \_\_\_\_\_

## Section D - RMD Election

We recommend that you read the RMD Overview to understand all of your RMD payment options before you make your RMD election(s).

You may select one of two methods for receiving your annual RMD payment:

- Option 1: Calculate your own RMD and submit an *RMD Request Form* each year or
- Option 2: Empower Retirement will calculate your RMD for this year only (and submit an *RMD Request Form* each year) or, under the annual **Automated RMD Program**, for this year and every year thereafter based on your selections.

Note: If you would like to defer your first RMD payment until your RBD, please submit your *RMD Request Form* after December 31.

You have the option for Empower Retirement to calculate your RMD for this calendar year only or this calendar year and every calendar year thereafter based on your selections below until your account is fully distributed or until Empower Retirement receives notice of your death. Alternatively, you may calculate the amount of your required minimum distribution for this year. If you calculate your own RMD, you will need to calculate and submit a distribution request each year until (i) your account balance is fully distributed, (ii) you establish an Automated RMD program, or (iii) Empower Retirement receives notice of your death. Note: You may only request an RMD amount based on your balance in the retirement account that is invested with Empower Retirement.

If you choose Empower Retirement's **Automated RMD Program** we will calculate your RMD based on the information maintained in our records and the selections you make on this form. Your distribution will be processed pro-rata across all of your current money sources and investments. Your elections will remain in place until written direction to change your previous elections are provided. If you do not choose to participate in this program you **must** provide timely RMD payment directions each year. Please note that it is your responsibility to ensure you timely receive all RMD payments from the Plan in accordance with Federal law. Failure to provide timely instructions concerning your RMD payment may result in excise tax penalties assessed by the IRS based on the amount of any missed RMD.

Please select either Option 1 or 2 below.

### Option 1: Calculate Your Own RMD

I understand that I am responsible for ensuring that the dollar amount provided below fulfills my annual RMD requirement from the Plan. I further understand that in order to receive future RMDs, I must submit an *RMD Request Form* for each year until my account is depleted or until my death, unless I later elect the Automated RMD Program.

I hereby elect an immediate distribution of my RMD in the amount of: \$ \_\_\_\_\_

Note: If last year was the first year you became subject to the RMD rules and you deferred your 1st RMD payment until your RBD, you may either enter the RMD amount for both years above or enter last year's RMD only and submit another form for your 2nd RMD later this year.

### Option 2: Empower Retirement Will Calculate Your RMD

By making an election below I understand that I am responsible for ensuring that the amount Empower Retirement calculates and distributes fulfills my annual RMD requirement from the Plan. (except for 403(b) plan types, please use the *Shortfall RMD Request Form*, if applicable.) If I take a non-RMD distribution during the year, that amount will not reduce the amount of the Automatic RMD Program that I have established. It is my responsibility to notify Empower Retirement if I wish to stop the Automatic RMD Program and ensure I have satisfied my RMD requirement.

**First Year RMD Only (for 403(b) use only)** - If you have not taken your RMD for the prior year we will process that immediately. We will set up the current year RMD per your instructions elected on this form, unless you check this box:  Do not process my First Year RMD. I have satisfied it already.

This is for RMD Year \_\_\_\_\_ Note: We will default to current year if left blank. If you missed prior years list all RMD years needed. \_\_\_\_\_

**IMPORTANT NOTE:** If a prior year's RMD was due and you did not take it, your payment this year will include the prior year's RMD.

You cannot satisfy this Plan's RMD by combining it with the same type of plan with another employer or a different type of plan (e.g., 401(a), 401(k), 403(b), 457(b) or IRA). Generally, if you have an account with more than one provider under this Plan, then you may have the RMD paid to you from one or more provider. Additionally, if you have more than one 403(b) contract with the same employer or different employer, then you may aggregate the contracts and have the RMD paid to you from one or more 403(b) contracts. **However**, Empower Retirement will only calculate the RMD amount based on your balance in the Plan. Even if you take an RMD from a different retirement account, please be aware that your account under the Plan is still subject to the RMD and will be processed accordingly. It is your responsibility to ensure that the total RMD amount from all your retirement accounts is distributed timely.

**Life Expectancy Factor.** If you are the participant or a QDRO Alternate Payee, your RMD will be calculated using the **Uniform Lifetime Table**. You may instead elect below to use the Joint and Last Survivor Table, if your spouse (or former spouse for QDRO Alternate Payee) is your only beneficiary for the entire year and is more than 10 years younger than you.

Calculate my RMD based on my age and my spouse's (former spouse's) age using the Joint and Last Survivor Table.

My spouse's (former spouse's) date of birth is: Month (MM)   Day (DD)   Year (YYYY)

If you are a Beneficiary, your RMD will be calculated using the Single Life Expectancy Table.

**Prior Year Account Balance.** Empower Retirement can only calculate your RMD based on your prior year's 12/31 account balance in our records. If the Plan was with another provider or your account was with another provider last year, you must provide us with your 12/31 account balance.

My prior year 12/31 account balance was \$ \_\_\_\_\_ (Complete only if Empower Retirement did not have this account balance.)

## Section D - RMD Election - continued

Please select either (A) or (B) below.

- (A) **Automated RMD Program.** I hereby elect to be enrolled in Empower Retirement's annual Automated RMD Program. I understand that my yearly RMDs will be calculated using the criteria I elect on this form and in accordance with the IRS Rules until I elect out of the Automated RMD Program, change the calculation criteria, my account is depleted, or until my death. Note: If a prior year's RMD is due, we will issue your payment immediately for the prior year and current year. Future payments will be made on the date you specify below.

Please process this year's RMD and all future year RMDs on: (Default is Dec. 1st if no election is made. If you select 29-31 as the day, we will process as of the 28th.)

Month(MM)   Day(DD) (01-28)

Note: If the date you select falls before the date Empower Retirement processes this form, your 1st RMD will be paid within 2 business days; all future year RMD payments will be made on the date you select.

- (B) **One Time Only RMD Calculation** I hereby elect Empower Retirement to calculate and immediately distribute my RMD for this year using the criteria I elect on this form and in accordance with the IRS Rules. I understand that in order to receive future RMDs, I must submit an RMD Request Form for each year until my account is depleted or until my death, unless I later elect the Automated RMD Program. If my first RMD was due in the prior year and I elected to defer that payment (must be taken by April 1), I understand that I will receive my prior year RMD and current year RMD unless I elect otherwise below:

- Only process my prior year RMD, I will submit a form later this year for my current year RMD.

## Section E - Source of Payment

Your RMD will be processed pro-rata across all of your contribution sources and investments unless Special Instructions are provided below. If one or more of your specified investment choices or contribution sources are depleted, payments will be withdrawn on a pro-rata basis until we receive new instructions from you regarding future payments.

Special Instructions

## Section F - Payment Instructions (Complete the appropriate section below)

**AUTOMATED RMD PROGRAM or ONE TIME PAYMENT:**

1.  Empower Retirement will not charge a fee for this service. If you requested an automatic annual payment, you may request an Electronic Funds Transfer (EFT) by completing the information below. Please note that it takes 6 business days to establish the EFT program. If we do not receive your request in time to set up the EFT program by the payment date you elected, you will be sent a check to the legal address in Section B for your first RMD.

By completing the information below and signing in Section I, I authorize Empower Retirement to initiate credit entries (and to initiate, if necessary debit entries and adjustments for any credit entries made in error) to my account indicated below and the Financial Institution ("Depository") named below, to credit and/or debit the same to such account. I acknowledge that the origination of EFT transactions to my account must comply with the provisions of U.S. law. This authority is to remain in full force and effect until Empower Retirement has received written notification from me of its termination in such time and in such a manner as to afford Empower Retirement and Depository a reasonable opportunity to act on it.

**To help protect our customers' assets, Empower Retirement may independently validate bank and customer account information before processing a wire/Direct Deposit/EFT. If we are unable to independently validate the bank and customer account information or sufficient documentation to support the wire/Direct Deposit/EFT is not provided, we will mail a check to the address of record. It should be noted that we are not always able to independently validate credit unions or smaller banks.**

Deposit into my: (Select one)  Checking  Saving Please provide a voided check or bank specification sheet from your bank for validation.

Name of Financial Institution	Financial Institution Transit Routing Number/ ABA Number (9 digits)
Financial Institution Account Name	Financial Institution Account Number

2.  We will mail a check to you at the legal address provided in Section B unless you select an alternative mailing address below. Note: Checks will be mailed within seven days after the processing date.

Mailing Address		
City	State	Zip Code

## Section F - Payment Instructions - continued

### ONE TIME PAYMENT ONLY:

- Express mail my check(s). I understand a fee will be deducted from my distribution for this service including a check for Roth contribution(s). Note: Express mail is not available to a PO Box. If a physical address is not provided, your distribution will be mailed to you via regular mail to your legal address provided in Section B or your alternate address if provided above.
- Wire transfer my payment. I understand that a fee will be deducted from my distribution for this service including a wire for Roth contribution(s); your financial institution may also charge a fee. If Empower Retirement is unable to process the wire due to inaccurate Financial Institution information provided below, the ABA routing number provided is not wire capable, or the Financial Institution fails to accept the transfer, your distribution will be sent in a check made payable to you and mailed to your address provided in Section B.

**To help protect our customers' assets, Empower Retirement may independently validate bank and customer account information before processing a wire/Direct Deposit/EFT. If we are unable to independently validate the bank and customer account information or sufficient documentation to support the wire/Direct Deposit/EFT is not provided, we will mail a check to the address of record. It should be noted that we are not always able to independently validate credit unions or smaller banks.**

Wire Capable ABA No.

Account No.

As some ABA routing numbers are NOT federal wire capable, please be sure to check with your financial institution for proper wire instructions. Wires to Credit Unions may take more time and have more detailed instructions. You may include detailed wire instructions below or attach them to this form.

Name on Account  
(must include participant's name)

Additional Crediting Instructions/  
participant's account number

## Section G - Federal Income Tax Withholding

The taxable portion of your payment is subject to **10% federal income tax withholding**, unless you elect not to have withholding apply or elect a greater withholding amount. Please note that you are liable for payment of applicable federal income tax on your distribution and you may also be subject to tax penalties under estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

For Participants, Beneficiaries, and Spouse QDRO Alternate Payees:

- Do not withhold federal taxes. If you are a U.S. citizen residing outside the U.S., you cannot elect out of withholding.
- Withhold the mandatory 10%, plus I voluntarily elect to have additional withholding of: \_\_\_\_\_ % (whole percentages only)



## Section H - State Income Tax Withholding

You may skip this Section if you reside in a state with no income tax or withholding requirement on retirement income.

The taxable portion of your payment may be subject to state tax withholding requirements. While Empower Retirement will withhold based on your state's income tax rules and your election, if applicable, you are responsible for ensuring you satisfy your individual state income tax liability. If you make an election that is not in compliance with your state's income tax withholding rules, then Empower Retirement will default to your state's income tax withholding requirements.

State Income Tax Withholding rules are subject to change at any time. For current state specific tax information pertaining to your resident state, you should contact your tax advisor or your state income tax department. Also note, state tax rules may apply differently depending on your type of distribution (i.e., lump sum, periodic, non-periodic, etc.). In addition, some states allow for an exclusion from income distributions from certain retirement plans - to confirm whether you may qualify to exclude all or a portion of your distribution from income for state taxation purposes, you should consult your plan sponsor or state income tax department.

If your state's income taxes are determined based on wage tables, Empower Retirement is unable to calculate a net amount, you will need to ensure that you have grossed up accordingly. Your request may be delayed if a net amount is requested.

If you do not see your state listed below, it is a result of your state not permitting state income tax withholding.

Any tax information included in this written or electronic communication was not intended or written to be used, and it cannot be used by the taxpayer, for the purpose of avoiding any penalties that may be imposed on the taxpayer by any governmental taxing authority or agency.

### Your state tax income tax withholding options are:

AR, DE, IA, KS, MD, MA, NC, NE, OK, VT, VA	<p>These states require mandatory state income tax withholding on taxable distributions. Empower Retirement is required to withhold state income taxes based on state law. You may not elect out of state income tax withholding.</p> <p>Given this withdrawal request is not eligible to be rolled over, if you choose to opt out of federal income tax withholding, Empower Retirement will automatically opt you out of state income tax withholding unless you indicate below to withdraw taxes. If you did not opt out of federal income tax withholding, then Empower Retirement will withhold based on state law.</p> <p><input type="checkbox"/> I elect to withhold an amount of \$ _____ (whole dollar amount) or _____ %</p>
CA, ME, OR, DC	<p>These states require mandatory state income tax withholding. Empower Retirement is required to withhold state income taxes based on state law unless you elect out of withholding: <input type="checkbox"/> I elect no state income tax withholding.</p> <p>Note: The District of Columbia only requires mandatory withholding on a "lump sum" distribution that brings your account balance to zero. If you are requesting a "lump sum" distribution, then you may not opt out of withholding.</p>
AL, AZ, CO, ID, IL, IN, KY, LA, MS, MO, MT, NJ, NM, NY, ND, OH, PA, RI, WV, WI	<p>These states permit voluntary state income tax withholding. You may voluntarily elect state income tax withholding by providing a dollar amount or percentage below. If no election is made for these voluntary states identified, then Empower Retirement will not apply any withholding.</p> <p><input type="checkbox"/> I voluntarily elect to withhold an amount of \$ _____ (whole dollar amount) or _____ %.</p> <p>Note:  <b>IL</b> only permits voluntary state income tax withholding on <u>periodic payments</u>. Lump sum distributions do not allow for state income tax withholding. If a tax election is requested on a lump sum distribution, Empower Retirement will not apply any withholding.  <b>AZ</b> only permits voluntary state income tax withholding on <u>periodic payments</u> where you may only elect one of the following percentages 0.8%, 1.3%, 1.8%, 2.7%, 3.6%, 4.2%, 5.1%. If any other percentage or dollar amount is requested above Empower Retirement will not withhold. If a tax election is requested on a lump sum distribution, Empower Retirement will not apply any withholding. If additional amount is requested for periodic payments, please complete section below.</p>
GA, MN, SC, UT	<p>These states permit voluntary state income tax withholding. You may voluntarily elect state withholding by selecting the box below. If no election is made for these voluntary states identified, then Empower Retirement will not apply any withholding. Please note only Gross Distribution requests are permitted when applying state tax withholding.</p> <p><input type="checkbox"/> Withhold based on my state's tax table formula, if applicable (Empower Retirement will apply the default tax allowance.)</p>
CT, MI	<p>These states require mandatory state income tax withholding. Empower Retirement is required to withhold state income taxes based on state law unless you provide an alternate dollar amount or percentage withholding instruction below along with completing your state specific W-4P withholding certificate and submitting it with this form. If a W-4P is not provided, Empower Retirement will default to your state's mandatory max withholding amount.</p> <p><input type="checkbox"/> I elect to withhold an amount of \$ _____ (whole dollar amount) or _____ %</p>
Additional State Income Tax Withholding	<p>I elect to have an additional _____ % or \$ _____ (whole dollar amount) if state income tax withheld from my payments.</p>

## Section I - Applicant Certification and Authorization (required)

I hereby instruct the Plan to distribute my RMD in the manner indicated on this form and understand that my election is irrevocable. I certify that all the information I provided in this form is true and accurate to the best of my knowledge. I understand that providing false or misleading information on this form may constitute fraud and be subject to severe penalties. I acknowledge that:

- I have consulted with the Plan Administrator and am aware of any plan features, plan options and administrative/individual processing fees that may apply to this distribution. Please see the *Important Information* Section for more information about fees.
- I have read the *Required Minimum Distributions Overview* and understand that it is my responsibility to ensure the RMD I have elected and received satisfies the IRS RMD rules. If I provide a 12/31 account balance in Section D, Empower Retirement will calculate my RMD using that account balance even if my account records with Empower Retirement indicate a different amount. I am aware that if the full amount of the RMD owed to me is not paid by the Plan by the applicable IRS deadline, I may be subject to an IRS 50% excise tax penalty on the amount of the missed RMD.
- I have received and read the *Summary Plan Description*, was able to ask and receive answers to my questions from the Plan Administrator and agree to be bound by the Plan's provisions.
- If I am a participant and if my plan requires spousal consent for a distribution, I have provided my employer with a properly executed *Spousal Consent for Distribution Form* and, if the plan's normal form of benefit is a QJSA, that I have received and read the *Qualified Joint and Survivor Annuity Form* and provided my Plan Administrator with a waiver.
- I consent to an immediate distribution of the amount and type selected on this form and affirmatively waive the minimum 30-day notice waiting period.
- I have reviewed the state income tax withholding rules in Section H, as applicable to my state. I understand that the state income tax withholding rules described in Section H may have changed.

Note: If the check associated with this request is returned to Empower Retirement by the U.S. Postal Service as undeliverable, we are unlikely to resend it until you provide us with your updated address. Failure to provide us with your current and valid address may result in the check being considered abandoned property under the laws of the State where the check was mailed (unless preempted by ERISA).

### Important Note for Applicants with a Non-U.S. or Non-U.S. Territory residence address:

Please check this box if you are *not* a resident of the United States or a United States Territory. If the current address is not an address within the U.S. or one of its territories, the Participant or QDRO Alternate Payee receiving the distribution is required to fill out and return a *Citizenship Statement* form with the distribution request. Failure to provide a *Citizenship Statement* will result in U.S. Federal taxes being withheld at a rate of 30% for recipients with a non-U.S. residence address. Please ask your Plan Sponsor for a *Citizenship Statement* form or call Empower Retirement's Customer Service Center for a copy.

\_\_\_\_\_  
Participant/Beneficiary/QDRO Alternate Payee's Signature

\_\_\_\_\_  
Date

## Section J - Plan Administrator Certification and Authorization (required)

The Plan Sponsor certifies that the Plan is not subject to the QJSA/QPSA rules (or is otherwise exempt from the rules) and annuity payments are not the normal form of benefit available under the terms of the Plan.

The Plan Sponsor directs Empower Retirement to calculate the applicable RMD amount for the applicant account specified on this form based on the information reflected in its records and further directs Empower Retirement to pay, in all instances, the RMD amount calculated as a withdrawal from the applicant's vested account without regard to any specific authorization/acknowledgement, or lack thereof, provided by the applicant in Section I and/or in any separate writing.

The Plan Administrator acknowledges its continuing responsibility to monitor the calculation and payment of RMDs and that its authorization does not constitute a delegation of the Plan Administrator's sole responsibility to determine whether the RMD, consent and notification requirements under the Plan, ERISA (to the extent applicable) and the Internal Revenue Code have been met for the applicant or any other Plan participant, beneficiary or QDRO alternate payee.

The Plan Administrator confirms that it has reviewed the Plan document (and the terms of any applicable group annuity or funding contract issued to the Plan Sponsor) to confirm that the form, timing and amount of the requested RMD is consistent with the terms of the Plan, ERISA and the Internal Revenue Code and agrees that the Plan Administrator, and not Empower Retirement, has made the determination that the applicant is eligible to receive the RMD payment it has authorized under the terms of the Plan and any group annuity contract or funding agreement. The Plan Administrator acknowledges and agrees that it assumes all responsibility for any consequences that result from such distribution, including any required corrective measures or plan disqualification that may result from an impermissible or insufficient distribution. In the event that the RMD is at any time determined to have been impermissible or insufficient under the terms of the Plan or contract and applicable qualified plan rules, the Plan Administrator agrees that Empower Retirement and its affiliates shall have no responsibility, financially or otherwise, for any associated correction, costs, taxes, fees, expenses, charges, fines, penalties, excise taxes or any other related amount.

The Plan Administrator has reviewed and verified all information reflected on this form and certifies that the information reflected is true and accurate to the best of its knowledge. The Plan Administrator acknowledges and agrees that it has separately obtained any necessary spousal consents (and, if applicable, provided the participant with a *Qualified Joint and Survivor Annuity Form* and received applicable consent) as required by the Plan, ERISA (to the extent applicable) and the Internal Revenue Code prior to authorizing a RMD payment. If the applicant's prior year account balance records were not maintained by Empower Retirement, the Plan Administrator has verified or supplied the applicant's prior year (as of 12/31) Plan account balance where indicated in Section D.

**Section J - Plan Administrator Certification and Authorization (required)**

The Plan Administrator acknowledges that this form does not constitute a delegation by the Plan Administrator of, and the Plan Administrator has not otherwise delegated, its federal income tax withholding duties and liabilities under §3405 of the Internal Revenue Code of 1986, as amended, to Empower Retirement, as Plan's recordkeeper and that Empower Retirement is acting as independent contractor of the Plan Administrator in making payments in accordance with these instructions. The Plan Administrator confirms that it is responsible for ensuring that federal and state tax is withheld in accordance with applicable law, and hereby directs Empower Retirement to withhold federal and state income tax, as applicable, in the manner provided on this form and applicable law.

Note: If the Plan is subject to the Qualified Joint & Survivor Annuity/ Qualified Pre-Retirement Survivor Annuity rules and provides for the normal form of benefit payment as an annuity and the Plan Administrator has not obtained the applicable participant or spousal consent to payment of the RMD in a different form, the Plan must generally distribute the RMD in the form of an annuity. Please contact your Account Manager for further assistance.

If applicable, indicate the vesting percentage:

Vesting: Employer Match				%	Vesting: Employer Supplemental				%	Vesting: Other (Specify)				%
----------------------------	--	--	--	---	-----------------------------------	--	--	--	---	-----------------------------	--	--	--	---

**Please be sure the below signatory is on record as an authorized signer for your Plan at Empower Retirement.**

\_\_\_\_\_  
Authorized Plan Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Plan Administrator's Name (please print)

**Completed and signed forms in "good order" may be Faxed to 877-526-2531 or 800-678-8645; or mailed to:**

Regular Mail Address:

Empower Retirement  
P.O. Box 1583  
Hartford, CT 06144-1583

Overnight Mail Address:

Empower Retirement  
100 Bright Meadow Boulevard  
Enfield, CT 06082

Note: Duplicate requests for a single distribution, such as a fax followed by a mailed original, may result in multiple distributions. Empower Retirement will not be responsible for any increase or decrease in account value based on investment performance or charges that arise from duplicate requests for a single distribution.

**Section K - Important Information**

**Good Order** - "Good Order" means that all required sections of this form are complete, the Applicant has provided his/her signature authorizing the transaction and the Plan Administrator has provided their signature authorizing Empower Retirement to process the transaction requested on this form.

**Empower Retirement and its affiliates do not provide legal, investment, accounting or tax advice.** You may wish to review your RMD elections with your personal financial or tax advisor before submitting this form. For more information about RMDs from retirement plans, please review your Plan document or contact your Plan Administrator. The IRS also provides information located on their Website at IRS.gov.

**Applicant** - Plan participant, Beneficiary or QDRO Alternate Payee.

**Wire** - A Wire is a real-time method of transferring immediate funds and supporting information between two financial institutions using their respective Federal Reserve accounts. With FED wire transactions, the funds are transferred on the same day as processed. The wire is final once the originating bank has sent the funds and the FED confirms receipt. It should be noted that there is no right of return on a FED wire. A recall of the wire may be attempted but the return of the funds is not guaranteed. Payment will generally be deposited into your bank account within 1 day after withdrawal from your Plan account; fees may apply.

**EFT (Electronic Funds Transfer)** - Processing that occurs between a nationwide network of financial institutions that send electronic messages, via telecommunications lines instead of paper (checks), to transfer money between parties. Payment will generally be deposited into your bank account within 2-3 days after withdrawal from your Plan account.

**Stale Address** - It is important that you notify us if you change your address. Going forward, you or your Employer may change your address in our records. Your address may also be changed as a result of an address confirmation service provided under our agreement with your Employer. Under this service, the addresses in our records are compared against and updated quarterly with addresses received from commercial address update services (e.g., the U.S. Postal Service). If your mail is returned to us or your Employer tells us your address is incorrect, we are likely to suspend future mailings until a new address is obtained. Unless preempted by Federal law, failure to give us a current address may also result in uncashed distributions from your participant account being considered abandoned property under state law, and remitted to the applicable state. To update your address, contact your Employer and/or Plan Administrator, as applicable, or, if permitted by your Plan, log in to our website at [www.massmutual.com/govnp](http://www.massmutual.com/govnp) and select the change address link under your personal settings.

**Fees** - For more information about fees, visit the "News" Section on the Participant web portal, Account Access ([massmutual.com/serve](http://massmutual.com/serve)).

**Securities offered and/or distributed by GWFS Equities, Inc., Member FINRA/SIPC.** GWFS is an affiliate of Empower Retirement, LLC; Great-West Funds, Inc.; and registered investment advisers, Advised Assets Group, LLC and Personal Capital.

# Fraud Warning Statements

Refer to the applicable fraud warnings for your state of residence.

The "Company" refers to Massachusetts Mutual Life Insurance Company 1295 State Street, Springfield, Massachusetts 01111-0001

**Alabama** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

**Alaska** - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona** - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas, Louisiana, Rhode Island, Texas, West Virginia** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California** - For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Delaware, Idaho, Indiana, Oklahoma** - **WARNING:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**District of Columbia** - **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the Applicant.

**Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota** - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire** - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey** - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico** - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**New York** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousands dollars and the stated value of the claim for each such violation.

**Ohio** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oregon** - Any person who, with intent to defraud or knowing that s/ he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico** - Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Tennessee** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Virginia and Washington** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**All other states** - Any person who knowingly and with intent to defraud, deceive, or injure an insurance company, files a claim containing false, incomplete, fraudulent, or misleading information, may be prosecuted under state law and may be subject to fines and/or confinement in prison.