

*Pipe Fitters' Local 597*  
**INDIVIDUAL ACCOUNT & 401(K) PLAN**

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**CONTRACT 51069**  
**Pipe Fitters' Individual Account and 401(k) Plan, Local 597**  
**SELF-CERTIFICATION OF LAY-OFF**

Please answer the following questions and return this form as quickly as possible to MassMutual. You **MUST** submit this form to be eligible for the one-time emergency COVID-19 withdrawal from the Pipe Fitters' Individual Account and 401(k) Plan, Local 597.

<b>Section 1 – Participant Information</b>			
<b>Participant's Name</b> (Last, First, M.I.):		<b>Date of Birth</b> (mm/dd/yyyy):	
<b>Social Security Number:</b>			
<b>Street Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Home Phone Number:</b>		<b>Cell Phone Number:</b>	
<b>Email Address:</b>			

<b>Section 2 – Employment Information</b>	
I hereby certify and attest that I have been laid off by my employer.	
<b>Last day of employment:</b>	_____
<b>Name of former employer:</b>	_____

<b>Section 3 – Emergency COVID-19 Withdrawal up to \$10,000.00</b>
<b>I request a withdrawal due to hardship relating to the COVID-19 National Emergency in the following amount:</b>
The total amount I want taken from my account is \$_____ (not to exceed \$10,000.00). I understand that the actual amount that I receive may be reduced by the applicable taxes and fees.
I understand that my distribution will be limited to the amount available or up to \$10,000.00. If I do not specify an amount above, the distribution will be processed for the maximum amount available, but not to exceed \$10,000.00. I understand that my distribution is taxable and additional taxes could apply, including an additional 10% excise tax.

## Section 4 – Tax Withholding

### Federal Withholding:

- 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 \$ \_\_\_\_\_.

**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 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, Tennessee and West Virginia 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. 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 tax withheld in Box 1.
- **Required but may Elect Out:** Residents of California, Georgia (for 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. You 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.  **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.

Please return this form to: MassMutual  
PO Box 219062  
Kansas City, MO 64121

For Overnight Mail: MassMutual  
430 W. 7<sup>th</sup> Street  
Kansas City, MO 64105

Fax to: (816) 701-3923 (Attn: RS CSO Processing)

Email to: RSCSOprocessing@MassMutual.com

### Certification

I understand that it is my responsibility to **immediately notify** the Fund Office of any changes in the above information. I hereby certify that the above answers and statements, including any accompanying statements, are true, complete, and accurate to the best of my knowledge and belief.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

# DIRECT DEPOSIT AGREEMENT

Account Number 51069-1-1

Sponsor Name Pipe Fitters' Assoc. Local 597

Plan Name Pipe Fitters' Individual Account and 401(k) Plan, Local 597

Select Which Item Applies:  Initial Election  Change of Bank or Account

## PARTICIPANT INFORMATION

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

Participant's Address \_\_\_\_\_  
street

city state zip

Social Security No. \_\_\_\_\_ Telephone # or E-mail Address \_\_\_\_\_

## AUTHORIZATION

I authorize MassMutual to make all retirement payments due to me under the above-numbered account by Electronic Direct Deposit to the bank account designated below. I also authorize MassMutual to initiate debits to that bank account for overpayment made to me and the bank named below to debit my account and refund any such overpayment to them. Payments made under this agreement fully satisfy any obligation to make payments to me.

I also agree that, to cancel this agreement, I must give at least one month's written notice to MassMutual's Home Office. Upon my death, my executors or administrators will pay to MassMutual from my estate the amount of any payments collected by the Bank which may have been considered as an overpayment depending upon the type of distribution election I made.

By electing direct deposit and by signing this form, I certify that I am an account holder on the bank account listed below.

Bank Name \_\_\_\_\_

city state

Bank Transit Routing Number \_\_\_\_\_ Telephone # \_\_\_\_\_

Account Number: \_\_\_\_\_  Savings  Checking  Other \_\_\_\_\_

**ATTACH A COPY OF A VOIDED CHECK OR SAVINGS DEPOSIT SLIP**

## SIGNATURE

\_\_\_\_\_  
Participant

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