

**Minimum Distribution Request  
403(b) Plan**

Refer to the Minimum Distribution Information and Instructions for assistance in completing this form.

Use blue or black ink only.

Please note that this withdrawal request may be subject to an administrative review period prior to processing and the investments in your account will not be sold until the withdrawal is processed. The administrative review period may take several business days. Note that your investments may fluctuate with market performance so you may want to re-direct or diversify those investments prior to making a withdrawal request. If you initiate a fund transfer during the administrative review period, it may delay the processing of your withdrawal. If you want to make changes to the investments in your account prior to withdrawal, please contact Service Provider or access your account online.

**Cooperative Baptist Fellowship 403(b)(9) Plan**

**93408-01**

**Participant Information**

Last Name	First Name	MI
<i>(The name provided MUST match the name on file with Service Provider.)</i>		

Address on My Account		
City	State	Zip Code

- Confirm the address on your account by accessing your account online at [empowermyretirement.com](http://empowermyretirement.com). If the address on your account does not match the address provided above, there will be processing delays.
- **If you require an address change, do NOT enter the new address above. You must complete the "Address Change" section with your new address. In addition, you must either have your signature notarized or witnessed by your authorized Plan Administrator.**

( )	( )
Home Phone	Work Phone

U.S. Social Security/U.S. Taxpayer Identification Number

Account Extension (if applicable)

Have you severed employment from the employer providing this Plan?  
 Yes Date \_\_\_\_\_  No  
 Married  Unmarried

Mo	Day	Year
Date of Birth (Required)		

**STOP**

**Select One (Required):**  
 I am a U.S. Citizen or U.S. Resident Alien.  
 I am a Non-Resident Alien or Other. *(Complete 'Non-Resident Alien or Other Certification' section.)*  
**Required** - Provide Country of Residence:  
 \_\_\_\_\_

If you have recently changed your address or have any questions regarding the address on file, please contact our Client Service Department at 1-866-467-7756.

**Spousal Information** - Complete **only** if: 1) your spouse is your sole beneficiary, **and** 2) your spouse is more than 10 years younger than you, **and** 3) you are choosing to use a joint and survivor calculation. You must attach a copy of your spouse's birth certificate or a copy of your spouse's driver's license.

Name of Spouse	Spouse's Date of Birth (Month/Day/Year)
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**Age 75 Rule**

Do you want to use the age 75 rule?  Yes  No

See instructions for more information. If this section is not completed, the age 75 rule will NOT be applied.

**Required Minimum Distribution (RMD) Options**

- One-time RMD payment** - We will calculate the RMD for you.

If you would like to add an additional RMD amount to cover the RMD for other 403(b) accounts that you may own, complete the following:

Additional Amount: \$ \_\_\_\_\_

See guide for additional information.

- Automated RMD**

By selecting this option, any existing periodic installment payment you may have will be stopped and replaced with your RMD payment.

**Payment Start Date:** \_\_\_\_\_

(Month/Day/Year)

**Frequency (check one):**    Monthly    Quarterly    Semi-Annually    Annually

- Check this box if you are currently receiving periodic payments or systematic withdrawals and you would like to continue to receive these amounts.

If you turned 70 1/2 or retired from this employer in the previous calendar year and are required to take two minimum distributions this calendar year, the required minimum distribution for the previous calendar year will be sent in a lump sum payment when this request is received in good order.

Federal Income Tax on the distribution for the previous calendar year will be defaulted to 10%, unless I check the box below:

- Do not withhold 10% Federal Income Tax from my Lump Sum Required Minimum Distribution.

State Income Tax will be based on the default for your address of record.

By completing this form, your required minimum distribution will be recalculated annually by dividing your prior year's December 31st account balance by the life expectancy factor provided in the life expectancy tables contained in the applicable treasury regulations, using your age in the year of the distribution.

See the General Information section below for more information.

**Loan Instructions**

Please check the appropriate box:

- Attached is a payment to pay off my loan. Consider submitting payment by certified check or money order. For a payoff amount, please call the Voice Response System at 1-866-467-7756. Make payment payable to GREAT-WEST TRUST COMPANY, LLC.

If you are attaching a loan payoff check, please mail your loan payoff and this distribution form to the following address once you have obtained all required signatures and date:

GREAT-WEST TRUST COMPANY, LLC  
PO Box 560877  
Denver, CO 80256-0877

Express delivery mail address - request a.m. delivery:

US Bank  
10035 East 40th Avenue Suite 100  
Attn Lockbox # 560877 DN-CO-OCLB  
Denver, CO 80238

We will not accept hand delivered forms at Express Mail addresses.

- Treat my outstanding loan (principal and interest) as a taxable distribution at this time.

Last Name

First Name

M.I.

U.S. Social Security Number

**Address Change**

I understand that a check made payable to me requested on this form will be mailed to my new primary address I provided on this form.

**For Active Employees Only** - I understand that it is my responsibility to update my address with my employer in addition to changing my primary address on this form. Failure to do so will/may result in my address being incorrect on Service Provider's records. A current address is essential for correspondence and tax purposes.

**If you request an address change that is submitted the same day this request is submitted, you must have your signature notarized or witnessed by the authorized Plan Administrator in the 'Required Signature(s) and Consent' section of this form. If the address information above is incomplete or illegible or if your signature is not notarized or witnessed, there will be processing delays.**

Address - Number & Street	City	State	Zip Code
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 **Check by USPS Regular Mail**

- Estimated delivery time is up to 5 business days.
- No additional charge.

 **Check by Express Delivery**

- Estimated delivery time is 1-2 business days.
- A non-refundable charge of up to \$25.00 will be deducted, in addition to any withdrawal fee.
- Not available for automated RMD payments.
- Available for delivery, Monday - Friday, with no signature required upon delivery.
- If address is a P.O. Box, check will be sent by USPS Priority mail and estimated delivery time is 2-3 business days.

 **Direct Deposit via New Automated Clearing House ("ACH")**

- **If you would like to have your proceeds sent through Direct Deposit via ACH, in addition to including the required documentation requested below, you must have your signature notarized or witnessed by the authorized Plan Administrator in the 'Required Signature(s) and Consent' section of this form. If either the required documentation is not attached or your signature is not notarized or witnessed, your proceeds will not be sent via ACH and a check will be mailed to the address on your account.**
- Estimated delivery time is 2-3 business days.
- For one-time RMD payments, a non-refundable charge of up to \$15.00 will be deducted for each transaction.
- Available on automated RMD or systematic withdrawals at no charge.
- If you have requested an automated RMD payment or systematic withdrawal and the payment start date does not allow for the 10 day pre-notification process, your first payment will be sent by check to the address on your account.
- The name on the checking/savings account **MUST** match the name on file with Service Provider.
- **If the Direct Deposit information is incomplete or illegible, then a check will be mailed to the address on your account to avoid any delays in processing.**
- **By entering banking information, you authorize us to access records from public and proprietary sources in order to validate that you are the owner of the bank account. This process will not affect your credit.**
  - Checking Account - ***MUST* include a copy of a preprinted voided check** for the receiving account. You may also attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which includes your name, checking account number and ABA routing number.
  - Savings Account - ***MUST* include a letter on financial institution letterhead, signed by a representative** from the receiving institution, which includes your name, savings account number and ABA routing number.

An ACH request **cannot** be sent to a prepaid debit card, business account or other retirement Plan. By requesting your withdrawal via ACH deposit, you certify, represent and warrant that the account requested for an ACH deposit is established at a financial institution or a branch of a financial institution located within the United States and there are no standing orders to forward any portion of the ACH deposit to an account that exists at a financial institution or a branch of a financial institution in another country. You understand that it is your obligation to request a stop to this ACH deposit request if an order to transfer any portion of payments to a financial institution or a branch of a financial

Last Name

First Name

M.I.

U.S. Social Security Number

Number

institution outside the United States will be implemented in the future. Service Provider reserves the right to reject the ACH request and deliver any payment via check in lieu of direct deposit.

**Direct Deposit via Existing ACH**

- Use this option if you have an existing ACH that has been on file for at least (15) days and wish to use it for this distribution request. If ACH has not been established on your account for at least 15 days, you must have your signature notarized in the 'Participant Signature Notarization' section or witnessed by the authorized Plan Administrator in the 'Required Signature(s) and Consent' section of this form.
- Estimated delivery time is 2-3 business days.
- For one-time RMD payments, a non-refundable charge of up to \$15.00 will be deducted for each transaction.
- Available on automated RMD or systematic withdrawals at no charge.
- Complete the information below in order to properly identify the ACH account.
- **If the Direct Deposit information is incomplete or illegible, then a check will be mailed to the address on your account to avoid any delays in processing.**
- **By entering banking information, you authorize us to access records from public and proprietary sources in order to validate that you are the owner of the bank account. This process will not affect your credit.**

Bank Information	
Bank Account Nickname <i>(Optional)</i>	
Bank or Financial Institution Name	
Last 4 digits of the Bank Account Number	

**Non-Resident Alien or Other Certification** *(Only complete if you indicated you are a Non-Resident Alien or Other on the first page of this form.)*

**Do not complete if U.S. Citizen or U.S. Resident Alien was indicated on the first page of this form.**

Under penalty of perjury, if you checked Non-Resident Alien or Other on the first page of this form, your signature certifies that:

- You are the individual that is the beneficial owner of all the income to which this form relates or am using this form to document yourself for chapter 4 purposes.
- You are not a U.S. person
- The income to which this form relates is:
  - a. not effectively connected with the conduct of a trade or business in the United States,
  - b. effectively connected but is not subject to tax under applicable income tax treaty, or
  - c. the partner's share of a partnership's effectively connected income.
- You are a resident of the treaty country listed below under "Claim of Tax Treaty Benefits" (if any) within the meaning of the income tax treaty between the United States and that country.
- You agree that you will submit a Form W8-BEN within 30 days if any certification made on this form becomes incorrect.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
U.S. Social Security Number

\_\_\_\_\_  
Number

**Identification of Beneficial Owner**

\_\_\_\_\_  
Country of citizenship

\_\_\_\_\_  
Foreign tax identifying number

\_\_\_\_\_  
Permanent resident address (*street, apt. or suite no., or rural route*) **Do not use P.O. Box or in-care of address.**

\_\_\_\_\_  
City or town, state or province. Include postal code where appropriate.

\_\_\_\_\_  
Country

\_\_\_\_\_  
Mailing Address (*if different from above*)

\_\_\_\_\_  
City or town, state or province. Include postal code where appropriate.

\_\_\_\_\_  
Country

**Claim of Tax Treaty Benefits** (*for chapter 3 purpose only*)

You certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

**Special rates and conditions** (if applicable): The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_ of the treaty identified on the line above to claim a \_\_\_\_% rate of withholding on (specific type of income):

\_\_\_\_\_  
Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:

**Federal and State Income Tax Withholding - Applies to all applicable money sources.**

**Federal Income Tax**

**For One-time Required Minimum Distribution Only**

Ten percent (10%) of the taxable distribution will be withheld for federal income tax, unless the box below is checked:

Do not withhold ten percent (10%) federal income tax from my required minimum distribution.

Indicate if you would like additional federal income tax withholding (*Optional*):

\$ \_\_\_\_\_ or \_\_\_\_\_% (*This is in addition to any ten percent (10%) federal income tax withholding.*)

**For Automated Required Minimum Distribution Only** - Elect one of the following:

The tax election in this section will apply to the automated election on this form for the current year and future required payments.

Do not withhold federal income tax.

Withhold federal income tax based on the following:

Marital status:  Single  Married  Married, but withhold at higher single rate

Number of allowances claimed \_\_\_\_\_

Additional amount to be withheld \$ \_\_\_\_\_

(You cannot enter the amount here without entering the number (including zero) of allowances above)

**Note: If you do not make an election above, federal income tax will be withheld from the taxable portion of your distribution as if you are married claiming three withholding allowances.**

**State Income Tax**

You should refer to information from the Department of Revenue for your state of residence. If applicable, **you must attach your State Income Tax withholding form to make tax elections when required.** In the event the withholding

Last Name

First Name

M.I.

U.S. Social Security Number

form is required for your withdrawal and not submitted, Service Provider will withhold in accordance with applicable State regulations.

State Income Tax withholding is mandatory in some states and will be withheld regardless of any election below. Indicate if you would like **additional** State Income Tax withholding:

\$ \_\_\_\_\_ or \_\_\_\_\_ %

(This is in addition to any mandatory State Income Tax withheld based on the reason and type of withdrawal.)

Certain states allow an election for no State Income Tax withholding depending on the reason and type of withdrawal selected. For these states only, State Income Tax will be withheld unless you elect otherwise below.

If the checkbox is not marked below, you choose to have State Income Tax withheld from your withdrawal. Indicate if you also would like to have **additional** State Income Tax withholding:

\$ \_\_\_\_\_ or \_\_\_\_\_ %

(This is in addition to any elective State Income Tax withheld based on the reason and type of withdrawal.)

Do not withhold State Income Tax (if election is permitted and you have attached the proper election form if required by your state).

Certain states do not require mandatory State Income Tax withholding but allow to elect State Income Tax withholding depending on the reason and type of withdrawal selected.

Check the box, if you would like State Income Tax withheld – **Optional** State Income Tax withholding:

\$ \_\_\_\_\_ or \_\_\_\_\_ %

(If this optional income tax election is permitted. You have also attached proper income tax election form if required by your state to elect this optional withholding.)

### Severance of Employment

Are you age 70 1/2 or older and still employed with the employer sponsoring THIS Plan?  Yes  No

**Note:** If you do not complete this section, your distribution will reduce your pre-87 account balance.

### Signature(s) and Consent

#### Participant Consent

Any person who knowingly presents a false or fraudulent claim is subject to criminal and civil penalties.

My signature acknowledges that I have read, understand and agree to all pages of this Minimum Distribution Request form, including the entire Minimum Distribution Information and Instructions section. I affirm that all information I have provided is true and correct. Any election on this withdrawal form is made voluntarily and is effective for 180 days. I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Under penalty of perjury, I certify that the Social Security Number shown on Page 1 is correct. I am a U.S. Person if I marked the U.S. Citizen or U.S. Resident Alien box in Page 1 of this form.

**For an automated RMD, I understand the following fee(s) will be assessed:**

- Ongoing quarterly fee of \$6.25

**Additional authentication may be necessary before my distribution is processed and/or payment released.**

**My distribution may be subject to additional fees and/or loss of interest based upon my investment options, my length of time in the Plan and other possible considerations. If I have not been advised of the fees and risks associated with my distribution, I may contact Service Provider for a distribution quote at 1-866-467-7756.**

***Before signing this form: My signature must be notarized by a Notary Public or witnessed by my authorized Plan Administrator if I am requesting Direct Deposit via ACH or if my withdrawal request will include a change of address. If I use a Notary Public, the date that I sign this form must match the date of the Notary Public signature.***

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
U.S. Social Security Number

\_\_\_\_\_  
Number

**Participant Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

**Participant Signature Notarization** only required if requesting:

**Direct Deposit via ACH** - *May also be witnessed by the authorized Plan Administrator below.*

**Address Change** - *May also be witnessed by the authorized Plan Administrator below.*

**For Residents of all states (except California)**, please have your notary complete the section below.

**Notice to California Notaries using the California Affidavit and Jurat Form** the following items must be completed by the notary on the state notary form: the title of the form, the plan name, the plan number, the document date, and the participant's name. The notary forms not containing this information will be rejected and it will delay this request.

The date you sign this form above must match the date on which your signature is notarized.

**Statement of Notary**

**NOTE: Notary seal must be visible.**

State of \_\_\_\_\_ ) The consent to this request was subscribed and sworn (*or affirmed*)  
 ) ss. to before me on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, by  
County of \_\_\_\_\_ ) (*name of participant*) \_\_\_\_\_  
proved to me on the basis of satisfactory evidence to be the person  
who appeared before me, who affirmed that such consent represents  
his/her free and voluntary act.

**SEAL**

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

**Participant** forward to Plan Administrator

**Authorized Plan Administrator Approval**

I hereby authorize the distribution described in this form. This request is in compliance with the terms of the Plan and I have provided the participant with a written explanation of the tax rules and any other Internal Revenue Service, Department of Labor or other notice requirements to the participant that apply to this distribution and the appropriate consent and waivers have been obtained by the Plan Administrator and Service Provider is authorized to rely on the information provided on this request.

I certify that the recordkeeping system has the accurate termination date and vesting percentage, if applicable, and participant address. Please process the request using this information.

OR

I certify that the participant's accurate vesting percentage for each money source is listed below:

ERB 1      EMPLOYER NON-ELECTIVE      100 %

ERB 2      EMPLOYER TRANSFER      100 %

Please use this when processing the distribution.

**Note:** Please be advised that balances may not exist in all money sources listed above. Additionally, all money sources may not be available for all distribution reasons.

**If the Participant request includes a transaction that requires notarization or Plan Administrator witness and the Participant's signature is not notarized, I have personal knowledge and hereby certify that this request was submitted and signed by the participant.**

I represent that I am an authorized signer on behalf of the above-named plan and have an authority to instruct Service Provider to process this form.

**Authorized**

**Plan Administrator Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

**Print Full Name** \_\_\_\_\_

**Plan Administrator** forward to Service Provider at:

Empower Retirement  
PO Box 173764  
Denver, CO 80217-3764

**Express Address:**

8515 E. Orchard Road, Greenwood Village, CO 80111

**Phone #:** 1-866-467-7756

**Fax #:** 1-866-745-5766

We will not accept hand delivered forms at Express Mail addresses.

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## MINIMUM DISTRIBUTION INFORMATION AND INSTRUCTIONS

### I. GENERAL INFORMATION

These instructions are designed to provide general information about the minimum distribution requirements applicable to 403(b) plans under the Internal Revenue Code (the "Code"). If you want your minimum distribution amount to be calculated automatically and distributed to you each year, complete the attached Minimum Distribution Request form. You will automatically receive minimum distribution amounts calculated by dividing your prior year's December 31st account balance by the life expectancy factor provided in the life expectancy tables contained in the applicable Treasury regulations, using your age in the year of the distribution.

You may choose to make the calculations yourself or with the advice of your legal or tax advisor. See below for more information.

Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at:

<http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

### WHAT ARE THE MINIMUM DISTRIBUTION REQUIREMENTS?

In general, the rules for participants are as follows:

- You are required to begin taking minimum distributions by your required beginning date. Your required beginning date is April 1 of the calendar year following the later of: (1) the calendar year in which you reach age 70 1/2 or (2) the calendar year in which you retire from the employer sponsoring your Plan, unless the Plan specifies otherwise.
- If you were born between January 1 and June 30, you reach age 70 1/2 in the same calendar year as your 70th birthday. If you were born between July 1 and December 31, you reach age 70 1/2 in the next calendar year, and your required beginning date is April 1 of the following calendar year.
- If you elect to defer your first distribution to April 1 of the calendar year following the calendar year in which you turn age 70 1/2 or retire, you will be required to take two payments that year: one by April 1 following the year in which you turned age 70 1/2 or retired and one by December 31 of that same year. You must take a minimum distribution by December 31 of every calendar year thereafter.
- If you are requesting an automated minimum distribution and you are participating in more than one type of retirement plan (i.e., 401(a), 403(b), IRA), your minimum distribution must be calculated and taken separately from each plan. Contact your Service Provider for each plan to discuss your options. However, if you are participating in more than one 403(b) plan, you may receive your minimum from each account or aggregate the minimum distribution amounts for each of your 403(b) plans and have that total amount distributed from any one of your 403(b) accounts. Service Provider will process distributions only from accounts under its administration.

To choose an amount in addition to your required minimum amount, you must complete a Distribution/Direct Rollover Request form. To obtain the form for your Plan, contact your Representative.

If you request an amount in addition to your minimum distribution amount, you will receive two different payments. One payment will be your required minimum distribution. The other payment will be the additional amount you request.

**One-time RMD payment** - If you are a current or former employee, your RMD will be calculated using your prior year's December 31 account balance divided by the appropriate life expectancy factor from the IRS Uniform Lifetime Table. If you are a current or former employee and you have a sole, spousal primary beneficiary who is more than 10 years younger, you may provide instruction to use the IRS Joint and Last Survivor Table to calculate your RMD. The IRS tables can be viewed at [irs.gov](http://irs.gov). If you are a beneficiary or an alternate payee, your RMD will be calculated using your prior year's December 31 account balance divided by the appropriate life expectancy factor from the IRS Single Life Expectancy Table. You are responsible for submitting a new RMD Form for your RMD amount every year. It is your responsibility to ensure that the withdrawals comply with the IRS rules and deadlines for RMDs. If you fail to request a withdrawal for any year, the Internal Revenue Code (Code) may impose a 50% federal excise tax on any amount not withdrawn by the deadline. This excise tax is in addition to ordinary income tax. The RMD calculation is based on the account balance recordkept at Service Provider. If you wish to withdrawal an additional amount from this account to cover the RMD for other 403(b) plan assets recordkept at another institution, you must fill in the additional amount on the form to withdrawal as a RMD. If you have satisfied your RMD amount from other 403(b) assets recordkept at another institution, you must include documentation of the required minimum distribution eligible withdraw for credit toward the RMD for the 403(b) plan proceeds at Service Provider. Otherwise, the RMD for the assets at Service Provider will be distributed.

**Automated RMD** - We will calculate your required minimum distribution amount. Once established, no additional paperwork is needed to complete the RMD every year. The first payment processing date is the date the funds will be taken from your account. If you have elected to start an automated required minimum distribution for your RMD, whatever tax

election you made will apply to the current year and future required payments. Attach IRS Form W-4P and/or your state tax withholding form to make tax elections when applicable or required. If these forms are required for your withdrawal and not submitted, or not in good order, we will withhold taxes from this withdrawal according to federal and state regulations.

## II. INSTRUCTIONS FOR COMPLETING THIS FORM

**If you currently receive periodic payments that meet or exceed the minimum distribution requirements, do not complete this form.**

If any section of this form is incomplete or inaccurate, you may be required to complete a new form or provide additional information before the distribution can be processed.

If you need to cross out a previously elected choice(s), you **MUST** initial the change to validate the change or the request may be returned for verification.

**Note:** Service Provider will calculate your minimum distribution **ONLY** on the assets that Service Provider administers.

**Participant Information** - Please provide the information requested. Account extension identifies funds that were transferred to you through a divorce or death. If you have been assigned an account extension but left this field blank on Page 1, we will distribute from extension 001.

**Spousal Information** - Complete this section **only** if: 1) your spouse is your sole beneficiary, **and** 2) your spouse is more than 10 years younger than you, **and** 3) you are choosing to use a joint and survivor calculation. Provide the information requested regarding your spouse. A copy of your spouse's birth certificate or a copy of your spouse's driver's license must accompany this form. We will calculate the RMD for you using a joint life calculation.

**Age 75 Rule** - If adequate records have been maintained, you are not required to take minimum distributions from the balance in your account on December 31, 1986 until you reach age 75. If you are age 75 or older, you must take distributions from your entire account balance in a manner that satisfies the minimum distribution requirements.

**Payment Start Date** - You may **not** elect the 29th, 30th or 31st as your payment start date. If you select the 29th, 30th or 31st, your payment will start on the 28th of the month. If no date is specified, Service Provider will set up the payments using the date received.

This request **must** be received at the address listed in the Signature(s) section at least **30 days before** the payment start date for all payment options. The payment start date is the date the funds will be disbursed from your account. Please allow several days after your payment start date for delivery of your check.

Indicate the frequency of your payments. If you do not elect a frequency, the default frequency will be annual.

If the box regarding periodic payments is **not** checked, payments under your current periodic payments (if any) will stop and you will only receive the minimum distribution elected on this form.

**Loan Instructions** - If you have an outstanding loan on your account, you must either pay off the outstanding loan balance, or you may treat your outstanding loan (principal and interest) as a taxable distribution at the time you submit your Minimum Distribution Request form. Check the appropriate box on the Minimum Distribution Request form.

**Investment Options** - Your distribution will be disbursed proportionately from all available investment options.

**Automated Clearing House (ACH)** - ACH is a form of electronic funds transfer by which Service Provider can transfer your payments directly to your financial institution. Allow at least 15 days from the date Service Provider receives this properly completed form to begin using ACH for your payments. Upon receipt of this properly completed form, Service Provider will notify your financial institution of your ACH request with the account information you have provided. The pre-notification process takes approximately 10 days. During the pre-notification process, your financial institution will confirm with Service Provider that the account and routing information you submitted is correct and that it will accept the ACH transfer. After this confirmation is received, your payments will be transferred to your financial institution within 2 days of the first payment date. If your payment start date does not allow for the 10 day pre-notification process, your first payment will be sent by check to your address of record. If your payments are withdrawn from investments that are subject to time delays upon withdrawal, the deposit to your financial institution may be delayed accordingly. In the event of a change to your minimum distribution, your electronic funds transfer may be subject to a delay, and a check will be sent to your last known address on file with Service Provider.

If your financial institution rejects the pre-notification, you will be notified and your checks will be mailed to you until you submit an Electronic Fund Transfers (ACH) form. As a result, it is important that you continue to notify Service Provider in writing of any changes to your mailing address.

By choosing an ACH credit to your financial institution account, you are authorizing Service Provider to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to your checking or savings account. You are also authorizing your financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account. Service Provider will make payments in accordance with the directions you have specified on this

form until such time that you notify Service Provider in writing that you wish to cancel the ACH agreement. You must provide notice of cancellation at least 30 days prior to a payment date for the cancellation to be effective with respect to all of your subsequent payments.

Service Provider reserves the right to terminate the ACH transfers for any reason and will notify you in the event of such termination by sending notice to your last known address on file with Service Provider.

It is your obligation to notify Service Provider of any address or other changes affecting your electronic fund transfers during your lifetime. You are solely responsible for any consequences and/or liabilities that may arise out of your failure to provide such notification.

By electing ACH, you acknowledge that Service Provider is not liable for payments made by Service Provider in accordance with this properly completed form. You authorize and direct your financial institution not to hold any overpayments made by Service Provider on your behalf, or on behalf of your estate or any current or future joint account holder, if applicable.

ACH delivery is not available to a foreign financial institution or to a United States financial institution for subsequent transfer to a foreign financial institution. Any requests received containing foreign financial institution instructions will be rejected and require new ACH delivery instructions.

### **Income Tax Withholding**

**One-time Required Minimum Distribution** - A ten percent (10%) Federal Income Tax withholding will apply to the taxable amount of your withdrawal, unless you have elected to not have Federal Income Tax withheld. If you wish to have additional Federal Income Taxes withheld, you may elect so by entering a percentage or dollar amount on the line provided.

**Lump Sum Payment for Previous Calendar Year** - A ten percent (10%) Federal Income Tax Withholding will apply to the taxable amount of my withdrawal, unless I elect to not have Federal Income Tax Withholding apply by checking the appropriate box.

**Automated Payment** - The taxable portion of the automated distribution you receive is subject to Federal Income Tax Withholding unless you elect not to have Federal Income Tax Withholding apply by checking the appropriate box.

If you elect not to have federal income tax withholding apply to your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for the payment of estimated tax. You may incur penalties under the estimated tax rules if your income tax withholding and estimated tax payments are not sufficient. You may revoke your election by written notification to Service Provider at the address provided in the Signature(s) section.

If you do not check the box "Do NOT withhold federal income tax," federal income tax will be withheld from the taxable portion of your distribution as though you are married claiming three income tax withholding allowances.

If you live in a state that mandates state income tax withholding, it will be withheld. If you wish to have additional state income tax withheld or live in a state that does not mandate state income tax withholding, you may elect to have an additional amount withheld. Check the appropriate box on this form. If you made such an election, we will withhold state income tax based on a default rate provided by the state of your residence. It remains your responsibility to ensure that state income tax withholding is sufficient to cover your state income tax liability.

**For more information and applicable forms or documentation that may be required for the state of residence,** refer to the appropriate state tax authority.

If you are a U.S. citizen or U.S. resident alien and your payment is to be delivered outside the U.S. or its possessions, you may not elect out of federal income tax withholding.

If you are a non-resident alien, you must complete the 'Non-Resident Alien or Other Certification' section on this form. In general, the income withholding rate applicable to your payment is 30% unless a reduced rate applies because your country of residence has entered into a tax treaty with the U.S. and the treaty provides for a reduced income withholding rate or an exemption from income tax withholding. In order to claim a treaty rate, you must complete the appropriate fields, tax treaty section, if applicable and provide a U.S. Taxpayer Identification Number. You may call 1-800-TAX-FORM (829-3676) or visit <http://www.irs.gov> for further information.

Contact your tax professional for more information.

**Severance of Employment** - If you are age 70 1/2 but have not severed employment, your distribution will reduce your pre-87 account balance until you retire. If you do not complete the Severance of Employment section, your distribution will reduce your pre-87 balance.

**Participant Consent** - Your signature and date are required for this distribution.

**Authorized Plan Administrator Approval** - Your Authorized Plan Administrator's signature and complete vesting information are required.

***Handwritten signatures are required on this form. Electronic signatures will not be accepted and will result in a significant delay.***

**Important Note:** These instructions do not represent investment, tax, or legal advice. Your distribution will be based upon the information you provide on the applicable form and your account balance. It is your responsibility to initiate minimum distribution payments by your required beginning date and to ensure you receive payments meeting the minimum distribution requirements each year.

You should consult with an attorney or tax advisor who can answer any questions regarding the minimum distribution requirements.