

# **In-Service Withdrawal Request** 403(b) Plan

# Capital Health Retirement Savings & Investment Plan

95812-01

When would I use this form?

When I am requesting a withdrawal and I am still employed by the employer/company sponsoring this Plan.

# Additional Information

- For purposes of this form, the terminology 'Withdrawal' is the same as 'Distribution'.
- By logging into my account on the website at www.empower-retirement.com/participant, I may confirm the address that is on file and track the status of this withdrawal request.
- For questions regarding this form, refer to the attached Participant Withdrawal Guide ("Guide"), visit the website at www.empower-retirement.com/ participant or contact Service Provider at 1-866-467-7756.

	Return Instructions for this form are in Section H. Jse black or blue ink when completing this form.							
Α	What is my personal information?	(Continue to the next section after completing.)						
	Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.		-[					
		Account Extension	Social Security Number (Must provide all 9 digits)	or Taxpayer Identification Number				
	Last Name	First Name	M.I.	Date of Birth (mm/dd/yyyy)				
		☐ Married ☐ Unmarried						
	Email Address - By providing an email address abo Select One:	Email Address - By providing an email address above, I am consenting to receive emails related to this request.						
	☐ U.S. Citizen ☐ U.S. Resident Alien							
	□ Non-Resident Alien or Other			( )				
		sidence (Required)		Alternate Phone Number				
В	Nu 1: 11 1 10 10							
Ь	What is my reason for this withdrawal?  Must select only one reason. Restrictions apply; S			(Continue to the next section after completing.)				
	☐ I am Age 59½ or older		Required Minimum Dis	stribution (Age 70½ or older)				
	☐ I have reached Normal Retirement Age of 6	65 or older						
С	What type of withdrawal and how much 100% withdrawal will be the Maximum Amount Av.	(Continue to the next section after completing.)						
	☐ Payable to Me as a One-time Withdrawal							
	Amount% or \$	Contribution Sc	ource:					
	If I am electing this option for my Required Minimum Distribution, I must enter a dollar amount. Percentages are unavailable.							
	□ Net Amount (The amount I will receive after applicable income taxes and fees are withheld.)							
	☐ Gross Amount (The amount I will receive will be less than the amount requested after applicable income taxes and fees are withheld.) ☐ Rollover to an Empower Retirement IRA as a One-time Withdrawal (To avoid any processing delays, contact the Retirement Solutions Center at							
	1-877-804-6257 to open an account by phone OR complete an Empower Retirement IRA Application at www.empower-retirement.com/ira; \$500.00 minimum vested balance required.)							
	☐ Traditional IRA Amount% or \$							
	□ Roth IRA Amount% or \$(Taxable event - Subject to ordinary income taxes)							
	Required Minimum Distribution							
	If I am requesting a 100% Withdrawal as a Direct Rollover and I am age 70½ or older by the end of this year and if I have not yet satisfied my required minimum distribution for this year, my required amount must be distributed prior to processing this rollover request.							
	Required Minimum Distribution Amount \$							
	Complete Required Minimum Distribution portion of the 'How will my income taxes be withheld?' section.							
	□ Rollover to an IRA at Another Retirement Provider or an Eligible Retirement Plan as a One-time Withdrawal							
	Eligible Retirement Plan:							
	☐ Traditional IRA Amount	 % or \$						
		% or \$ <i>(</i>	Taxable event - Subject to ord	linary income taxes)				
		•						

GU22 / TNER / 399974573 Page 1 of 14 STD FINSRV 07/10/15 **WITHDRAWAL** 95812-01

					95812-01			
Ī	ast Name	First Name	M.I.	Social Security Number	Number			
)	What type of withdrawal and h 100% withdrawal will be the Maximum A		ting?	(Continue to t	he next section after completing			
	Required Minimum Distribution  If I am requesting a 100% With	hdrawal as a Direct Rollov	ver and I am age 701	√₂ or older by the end of this year	and if I have not yet satisfie			
	Required Minimum Distribution	• • •		distributed prior to processing this	rollover request.			
	Complete Required Minimum			taxes he withheld?' section				
	·	·	•					
	•	eriodic Installment Payments (This option is only available if I am 100% vested. Complete the information below.)  I am requesting to establish a new Periodic Installment Payment.						
	, ,	I am making a change to an existing Periodic Installment Payment.						
		☐ I am requesting a one-time withdrawal payable to me of \$ or% at the same time I am requesting this Period						
	First Payment Processing Date: _	/(1st	t - 28th only)					
	Frequency - Select One:	☐ Monthly ☐ Quarter	rly 🛭 Semi-Annua	illy 🛭 Annually				
	Payment Type - Select One:	☐ Amount Certain (Gross	s Amount Only) \$					
		☐ Period Certain (Specifi						
	D Floriday W B	fixed investment option a	•	equired Minimum Distribution at ac o Certificate or Driver's License)	je 70½ (Must have at least oi			
	☐ Fixed Annuity Purchase (Comple	,	n incomo tov withhal	ding form				
	I need to attach the IRS Form W-  Full Fixed Annuity Partial			uing ionn.				
	Purchase Date://_			/ /				
	Frequency - Select One:	<del></del>		—'——'—— nually □ Annually				
	Payment Type:	■ Income for a Period C						
	r dymont Typo.		Jortain (Manibol of Tot					
	Annuity Purchase.	To whom the shoot is		A a a suit Nove have				
	Name of Trustee/Custodian/Provider - Re	quired (10 whom the check is	таае рауаые)	Account Number				
	Mailing Address			City/State/Zip Co	de			
	Retirement Plan Name (if applicable)			Phone Number				
4								
	How do I want my withdrawal delivered?  Select One - Delivery of payment is based on completion of the withdrawal process, which includes eccipt of a complete request in good order.  (Continue to the next section after completing.							
		e to what I previously sel		al Service ("USPS") regular mai -out and initial the change(s). If				
	<ul> <li>Check by USPS Regular Mail</li> <li>Estimated delivery time is 7-10</li> <li>No additional charge</li> </ul>	business days						
	<ul> <li>Check by Express Delivery</li> <li>Estimated delivery time is 1-2 b</li> <li>A non-refundable charge of up</li> </ul>	to \$25.00 will be deducted						
	<ul> <li>For example, if I elected to m be 2 different transactions ar</li> <li>Not available for Periodic Instal</li> <li>Available for delivery, Monday</li> <li>If address is a P.O. Box, check</li> </ul>	nd I may be charged up to Ilment/Annuity Payments - Friday, with no signature	a total of \$50.00 for required upon delive	ery	to an eligible plan, there v			
	<ul> <li>□ Direct Deposit via Automated C</li> <li>• Estimated delivery time is 2-3 b</li> </ul>	Clearing House ("ACH")	The second of					
	<ul><li>A non-refundable charge of up</li><li>Not available for Direct Rollove</li></ul>	to \$15.00 will be deducted rs	•	withdrawal fees, for each transaction	on.			
	<ul> <li>Available for Periodic Installme</li> <li>If I have requested a periodic installme</li> <li>I understand that my first paym</li> </ul>	stallment payment and my	first payment proces		day pre-notification proces			
		avings account MUST match the name on file with Service Provider.						

 STD FINSRV 07/10/15
 95812-01
 WITHDRAWAL
 GU22/TNER/399974573 Page 2 of 14

	Last Name First Name	M.I.	Social Security Number	95812-01 Number			
E	How do I want my withdrawal delivered?  Select One - Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order.  (Continue to the next section after completing, section of the withdrawal process, which includes receipt of a complete request in good order.						
	Failure to provide mandatory supporting documentation     Checking Account - MUST include a copy of a preprinted voidinstitution letterhead, signed by a represent account number and ABA routing number.     Savings Account - MUST include a letter on financial institutiwhich includes my name, savings account number indeposit, I certify, represent and warrant that the account requested and deposit, I certify, represent and warrant that the account requested for financial institution located within the United States and there are nothat exists at a financial institution or a branch of a financial institution to this ACH deposit request if an order to transfer any portion of payn the United States will be implemented in the future. Service Provide via check in lieu of direct deposit.  Wire Transfer  Estimated delivery time is 1-2 business days  A non-refundable charge of up to \$40.00 will be deducted, in addition to the sample, if I elected to make a full withdrawal with a portion be 2 different transactions and I may be charged up to a total of the sample of the virtual provided in the sample of the virtual provided in the virtual provided	ed check ative from on letterh umber and ecount or on my withd or an ACH standing of in another nents to a or reserves on to any of payable to \$80.00 for d by a rep g wire tran	for the receiving account. I may a the receiving institution, which ead, signed by a representative ABA routing number. Other retirement Plan. If the ACH rawal may be delayed. By reque deposit is established at a financity orders to forward any portion of more country. I understand that it is more financial institution or a branch of the right to reject the ACH requestivity and the remainder rolled over the Wire transfer delivery fees.	also attach a letter on financial includes my name, checking from the receiving institution, information outlined above is sting my withdrawal via ACH cial institution or a branch of a ny ACH deposit to an account ny obligation to request a stop f a financial institution outside test and deliver any payment ion.  The to an eligible plan, there will institution, which provides mplete Bank Mailing Address,			
	<ul> <li>Additional fees may apply at the receiving financial institution.</li> <li>Service Provider is not responsible for inaccurate wire transfer</li> </ul>	r instructi	ons.				
F	How will my income taxes be withheld?  Not applicable if requesting a Rollover, unless I need to satisfy my required minimum distribution.  I should refer to the Department of Revenue for my state of residence.  If applicable, I must attach IRS Form W-4P and/or my State Income Tax withholding form to make tax elections when required. In the						
	event these forms are required for my withdrawal and not submitted, S State regulations.	State Income Tax					
	Federal Income Tax     Federal Income Tax will be withheld based on the reason and type of withdrawal I have selected.     I would like additional Federal Income Tax withholding (Optional):	State     be v	e Income Tax withholding is man withheld regardless of any election e Income Tax withholding:	datory in some states and will below. I would like <b>additional</b>			
	% or \$	reas • Cer	% or \$	State Income Tax withholding			
	<ul> <li>10% of my taxable distribution will be withheld for Federal Income Tax, unless I check the box below:</li> <li>Do not withhold 10% Federal Income Tax from my Required</li> </ul>	For elec	ending on the reason and type of these states only, State Income at otherwise below. The checkbox is not marked below.	Tax will be withheld unless I			
	Minimum Distribution. I would like <b>additional</b> Federal Income Tax withholding (Optional): % or \$	Inco add	me Tax withheld from my withdra itional State Income Tax withhold	awal. I would also like to have ding:			
		reas a Cer with dep	is in addition to any elective State Income and type of withdrawal.) To not withhold State Income Tax ttached the proper election form if require material by the states do not require material by the states do not require material by the states and type of the state Income Tax with the state Income Tax	(if election is permitted and I have uired by my state). andatory State Income Tax ate Income Tax withholding withdrawal I have selected.			
		p	% or \$% or \$				

 STD FINSRV 07/10/15
 95812-01
 WITHDRAWAL
 GU22/TNER/399974573 Page 3 of 14

ast Name	First Name	M.I.	Social Security Number	95812-01 Number		
My Consent						
<ul> <li>402(f) Notice of Special Tax</li> <li>Any election on this W</li> <li>It is my responsibility the Plan into which I a</li> <li>I am liable for any incomplete of the Plan into which I am liable for any incomplete of the Plan into which I am liable for any incomplete of the Plan into which I am liable for any incomplete of the Plan into which I am liable for any incomplete of the Plan into which I am liable for any into which I a</li></ul>	ead, understand and agree to all pa x Rules on Distributions and affirm the Vithdrawal Form is effective for 180 to ensure that this election conform am rolling money over will accept the ome tax and/or penalties assessed been processed, it cannot be change section of this form is incomplete or w form or that I provide additional or idemption fees on certain transfers, isclosure documents. I will refer to the tury, I certify that the Social Security and U.S. citizen or U.S. resident alier is required to comply with the regults as a result, Service Provider cannot con ated national or blocked person. F	hat all information to days.  In the work of the last	hat I have provided is true and corresponding to provisions of the Internal Reventible.  State tax authorities for any election of the Provider may not process the transplant of the provider documents for the provider of the Office of Foreign Assist persons in a blocked country or and please access the OFAC websigned.	ect. I understand the following ue Code (the "Code") and the n I have chosen.  I saction requested on this for processed.  In the period stated in the fundary more information.  In Section A is correct. I am ets Control, Department of the processed of the period stated by OFA.		
<ul> <li>For at least 30 days a to a withdrawal of the form less than 30 day the 30 day period and</li> <li>My withdrawal may l other possible consi</li> </ul>	structure/offices/Pages/Office-of-Fo fter my receipt of the 402(f) Notice of vested account balance or elect a of vs after I received the 402(f) Notice d affirmatively elect a withdrawal fro be subject to fees and/or loss of iderations. If I have not been advi- rawal quote at 1-866-467-7756.	of Special Tax Rule direct rollover of an of Special Tax Rul m the account purs interest based up	s on Distributions, I have the right of yvested portion of the eligible rollows on Distributions, I affirmatively would to this In-Service Withdrawal on my investment options, my least the supplies on my investment options, my least the supplies of the supplies on my investment options, my least the supplies of the supplies on my investment options, my least the supplies on my investment options, my least supplies the supplies on the supplies of the supplies of the supplies of the supplies on the supplies of the supplies	over withdrawal. By signing the waive any unexpired portion form.  The properties of time in the Plan a		
	•	nim is subject to	criminal and civil nenalties			
Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.  Before signing this form: I must sign this form in the presence of a Notary Public if my withdrawal request will include a change of addres						
• •		•	•	include a change of addre		
Before signing this form:		nce of a Notary Pu	blic if my withdrawal request will			
Before signing this form:	I <u>must</u> sign this form in the preser	nce of a Notary Pu	blic if my withdrawal request will			
Before signing this form:	I <u>must</u> sign this form in the preser	nce of a Notary Pu	blic if my withdrawal request will	Notary Public signature.		
Before signing this form: or check delivery to an al	I <u>must</u> sign this form in the preser	nce of a Notary Pu e that I sign this f	blic if my withdrawal request will orm must match the date of the	Notary Public signature.		
Before signing this form: or check delivery to an al  My Signature  My Change of Address  If I am requesting a new correspondence and tax pu	I <u>must</u> sign this form in the presenternate mailing address. The dates/Alternate Address Notarizat permanent address, I must also curposes.	nce of a Notary Pu e that I sign this f ion	blic if my withdrawal request will orm must match the date of the  Date (Req address with my employer. A cu	Notary Public signature.  uired)  urrent address is essential		
Before signing this form: or check delivery to an al  My Signature  My Change of Address  If I am requesting a new correspondence and tax pu	I <u>must</u> sign this form in the presenternate mailing address. The dates/Alternate Address Notarization	nce of a Notary Pu e that I sign this f ion update my primary	blic if my withdrawal request will orm must match the date of the  Date (Req address with my employer. A cu	Notary Public signature.  uired)  urrent address is essential		
Before signing this form: or check delivery to an al  My Signature  My Change of Address  If I am requesting a new correspondence and tax pu	I <u>must</u> sign this form in the presenternate mailing address. The dates/Alternate Address Notarization permanent address, I must also curposes.  Change - I would like the address or	nce of a Notary Pu e that I sign this f ion update my primary	blic if my withdrawal request will orm must match the date of the  Date (Req address with my employer. A cu	Notary Public signature.  Puired)  Jurrent address is essential equesting a check, I understa		
Before signing this form: or check delivery to an al My Signature  My Change of Address  If I am requesting a new correspondence and tax puth Permanent Address Community Mailing Address	I <u>must</u> sign this form in the presenternate mailing address. The dates/Alternate Address Notarization permanent address, I must also curposes.  Change - I would like the address or	ion  update my primary n my account to be a s address.	blic if my withdrawal request will orm must match the date of the  Date (Request with address with my employer. A cumpdated with this address. If I am re	Notary Public signature.  Puired)  urrent address is essential equesting a check, I understanded		
Before signing this form: or check delivery to an al My Signature  My Change of Address  If I am requesting a new correspondence and tax puth Permanent Address Community Mailing Address	I must sign this form in the presel Iternate mailing address. The dat solution of the control of	ion  update my primary n my account to be a s address.	blic if my withdrawal request will orm must match the date of the  Date (Request with address with my employer. A cumpdated with this address. If I am re	Notary Public signature.  Puired)  Jurrent address is essential equesting a check, I understanded address. I understand that		
Before signing this form: or check delivery to an all My Signature  My Change of Address  If I am requesting a new correspondence and tax poor Permanent Address  Mailing Address  Alternate Mailing Address	I must sign this form in the presenternate mailing address. The dates.  S/Alternate Address Notarization permanent address, I must also unroses.  Change - I would like the address or that it will be mailed to this like the address will be used for this address will be used for this	ion  update my primary n my account to be a s address.  check to be sent to withdrawal only.	blic if my withdrawal request will orm must match the date of the  Date (Request with the date of the land of the	Notary Public signature.  Puired)  Jurrent address is essential equesting a check, I understanded address. I understand that the standard		
Before signing this form: or check delivery to an all My Signature  My Change of Address  If I am requesting a new correspondence and tax pure Permanent Address  Mailing Address  Alternate Mailing Address  For Residents of all state Notice to California Notal notary form: the title of the	I must sign this form in the presel Iternate mailing address. The dat solution of the control of	ion  update my primary n my account to be a s address.  check to be sent to withdrawal only.	blic if my withdrawal request will orm must match the date of the Date (Request with address with my employer. A cumpdated with this address. If I am result of the following alternate mailing a City/State/Zip Content the section below.	Notary Public signature.  (uired)  urrent address is essential equesting a check, I understanded address. I understand that the code address. I understand that the code address are the code address and the code address are the code address are the code and the code address are the code address are the code address are the code and the code address are the code address are the code and the code address are the code and the code address are the code address are the code and the code address are the co		
Before signing this form: or check delivery to an all My Signature  My Change of Address  If I am requesting a new correspondence and tax pure permanent Address Companies Address  Alternate Mailing Address  For Residents of all state Notice to California Notan notary form: the title of the this information will be rejected.	I must sign this form in the presenternate mailing address. The date is Alternate Address Notarization permanent address, I must also curposes.  Change - I would like the address or that it will be mailed to this address will be used for this es (except California), please have ries using the California Affidavit form, the plan name, the plan numbers.	ion  update my primary n my account to be a s address.  check to be sent to withdrawal only.  e your notary complet and Jurat Form to per, the document of	blic if my withdrawal request will orm must match the date of the Date (Request with address with my employer. A cumpdated with this address. If I am result of the following alternate mailing a City/State/Zip Coete the section below. The following items must be completed and the participant's name. The complete completed and the participant's name.	Notary Public signature.  (uired)  urrent address is essential equesting a check, I understand that the enderse. I understand that the enderse by the notary on the stand the notary forms not contain		
Before signing this form: or check delivery to an all My Signature  My Change of Address  If I am requesting a new correspondence and tax poor permanent Address  Alternate Mailing Address  Alternate Mailing Address  For Residents of all state Notice to California Notan notary form: the title of the this information will be rejected.	I must sign this form in the presenternate mailing address. The date s/Alternate Address Notarization permanent address, I must also curposes.  Change - I would like the address or that it will be mailed to this like so will be used for this es (except California), please have ries using the California Affidavit form, the plan name, the plan number of the plan name, the plan number of the date on which must match the d	ion  update my primary n my account to be a s address.  check to be sent to withdrawal only.  e your notary complete and Jurat Form to per, the document of	blic if my withdrawal request will orm must match the date of the Date (Request with address with my employer. A cumpdated with this address. If I am result of the following alternate mailing a City/State/Zip Coete the section below. The following items must be completed and the participant's name. The complete completed and the participant's name.	Notary Public signature.  (uired)  urrent address is essential equesting a check, I understand that the enderse. I understand that the enderse by the notary on the stand the notary forms not contain		
Before signing this form: or check delivery to an all My Signature  My Change of Address  If I am requesting a new correspondence and tax pure permanent Address Companies Address  Alternate Mailing Address  For Residents of all state Notice to California Notan notary form: the title of the this information will be rejected.	I must sign this form in the presenternate mailing address. The date address is Alternate Address Notarization permanent address, I must also curposes.  Change - I would like the address or that it will be mailed to this address will be used for this es (except California), please have ries using the California Affidavit form, the plan name, the plan numbered and it will delay this request.  must match the date on which monther NOTE: Notary seal must	ion  update my primary n my account to be us address.  check to be sent to withdrawal only.  e your notary complete and Jurat Form to ber, the document of the y signature in 'My be visible.	blic if my withdrawal request will orm must match the date of the Date (Req address with my employer. A culpdated with this address. If I am received the following alternate mailing a City/State/Zip Coete the section below. The following items must be completed ate, and the participant's name. The Consent' section was notarized.	Notary Public signature.  (uired)  urrent address is essential equesting a check, I understand that the enderse. I understand that the enderse by the notary on the stand the notary forms not contain		
Before signing this form: or check delivery to an all My Signature  My Change of Address  If I am requesting a new correspondence and tax pure permanent Address Companies Address  Alternate Mailing Address  Alternate Mailing Address  For Residents of all state Notice to California Notan notary form: the title of the this information will be reject the date I sign this form  Statement of Notary	I must sign this form in the presenternate mailing address. The date of the sign of the si	ion  update my primary n my account to be a s address.  check to be sent to withdrawal only.  e your notary complete and Jurat Form to ber, the document of the visible. ed and sworn (or a	blic if my withdrawal request will form must match the date of the Date (Request with address with my employer. A cumpdated with this address. If I am result of the following alternate mailing and the following items must be completed at the participant's name. The Consent' section was notarized ffirmed) to before me	Notary Public signature.  (uired)  urrent address is essential equesting a check, I understand that the enderse. I understand that the enderse by the notary on the stand the notary forms not contain		
Before signing this form: or check delivery to an all My Signature  My Change of Address  If I am requesting a new correspondence and tax poor permanent Address  Alternate Mailing Address  Alternate Mailing Address  For Residents of all state Notice to California Notan notary form: the title of the this information will be rejected.	I must sign this form in the presenternate mailing address. The date address is address. The date address is address. I must also composes.  Change - I would like the address or that it will be mailed to this address will be used for this form, the plan name, the plan number and it will delay this request.  MOTE: Notary seal must this request was subscribed in this address was subscribed in the date on this address was subscribed in the date of t	ion  update my primary n my account to be a saddress.  check to be sent to withdrawal only.  e your notary complete and Jurat Form to ber, the document of the visible. ed and sworn (or a, year, year, year, year	blic if my withdrawal request will orm must match the date of the Date (Request with my employer. A cumpdated with this address. If I am result of the following alternate mailing and City/State/Zip Content the section below. The following items must be completed the section below. The following items must be completed the section was notarized ffirmed) to before me, by	Notary Public signature.  (uired)  urrent address is essential equesting a check, I understand that the enderse is essential that the enderse is essential equesting a check, I understand that the enderse is essential enderse is essential equesting a check, I understand that the enderse is essential end		
Before signing this form: or check delivery to an all My Signature  My Change of Address  If I am requesting a new correspondence and tax properties of the permanent Address Company Address  Alternate Mailing Address  Alternate Mailing Address  For Residents of all state Notice to California Notal notary form: the title of the this information will be rejected the date I sign this form Statement of Notary  State of	I must sign this form in the presenternate mailing address. The date address is Alternate Address Notarization permanent address, I must also curposes.  Change - I would like the address or that it will be mailed to this address will be used for this address will be used for this address will be used for this form, the plan name, the plan number and it will delay this request.  must match the date on which modern the date on which modern the date on this address was subscribed in the day of modern the day of mo	ion  update my primary n my account to be us address.  check to be sent to withdrawal only.  e your notary complete and Jurat Form to ber, the document of the visible. ed and sworn (or a, year, year,	blic if my withdrawal request will orm must match the date of the Date (Request with my employer. A cultiple of the Date (Request with my employer. A cultiple of the following alternate mailing and City/State/Zip Content the section below. The following items must be completed the section below. The following items must be completed the section was notarized ffirmed) to before me, by	Notary Public signature.  (uired)  urrent address is essential equesting a check, I understand that the enderse. I understand that the enderse by the notary on the state he notary forms not contain the enderse ende		
Before signing this form: or check delivery to an all My Signature  My Change of Address  If I am requesting a new correspondence and tax pure permanent Address Companies Address  Alternate Mailing Address  Alternate Mailing Address  For Residents of all state Notice to California Notan notary form: the title of the this information will be reject the date I sign this form  Statement of Notary	I must sign this form in the presenternate mailing address. The date address is Alternate Address Notarization permanent address, I must also curposes.  Change - I would like the address or that it will be mailed to this address will be used for this es (except California), please have ries using the California Affidavit form, the plan name, the plan number and it will delay this request.  MOTE: Notary seal must This request was subscriben) on this day of)  ss. (name of participant)	ion  update my primary n my account to be us address.  check to be sent to withdrawal only.  e your notary complete and Jurat Form to ber, the document of the visible. ed and sworn (or a, year, year,	blic if my withdrawal request will orm must match the date of the Date (Request with my employer. A cultiple of the Date (Request with my employer. A cultiple of the following alternate mailing and City/State/Zip Content the section below. The following items must be completed the section below. The following items must be completed the section was notarized ffirmed) to before me, by	Notary Public signature.  (uired)  urrent address is essential equesting a check, I understanded address. I understand that the fode eted by the notary on the state he notary forms not contains.		

 STD FINSRV 07/10/15
 95812-01
 WITHDRAWAL
 GU22/TNER/399974573 Page 4 of 14

	Last Name	First	Name	M.I.	Social Security	y Number	95812-01 Number	
Н	Where should I send this	Where should I send this form?						
	After all signatures have been obtained, this form can be sent by							
	Fax to: Empower Retirement 1-866-745-5766	OR	Regular Mail to: Empower Retirement PO Box 173764 Denver. CO 80217-376	64	OR	Express Mail Empower Reti 8515 E. Orcha Greenwood Vi	rement	

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: White Plains, NY; and their subsidiaries and affiliates. All trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.

 STD FINSRV 07/10/15
 95812-01
 WITHDRAWAL
 GU22/TNER/399974573 Page 5 of 14

# Participant Withdrawal Guide - 403(b) Plan

# The In-Service Withdrawal Request

#### Before completing the form, please note the following information:

- I must be eligible to receive a withdrawal from my employer's Plan.
- All pages of the In-Service Withdrawal Request form ("Withdrawal Form") must be returned <u>excluding</u> the Participant Withdrawal Guide and the 402(f) Notice of Special Tax Rules on Distributions.
- Neither this Guide nor this Withdrawal Form are intended to provide tax or legal advice. In the preparation of this Withdrawal Form, and where I deem
  appropriate, I will seek a consultation with my accountant and/or tax advisor.
- I must complete a separate Withdrawal Form for each account or plan number.
- If I am a Beneficiary, I need to complete and submit a Death Benefit Claim Request form rather than this Withdrawal Form.
- If I am an Alternate Payee, I need to complete and submit an Alternate Payee QDRO Distribution Request rather than this Withdrawal Form.

#### Changes to My Request

Any changes to this Withdrawal Form must be crossed-out and initialed. If I do not initial all changes, this Withdrawal Form may be returned to me
for verification

# Incomplete or Inaccurate Information

In the event that any section of this Withdrawal Form is incomplete or inaccurate, Service Provider may not be able to process the transaction requested
on this Withdrawal Form. I may be required to complete a new form or provide additional or proper information before the transaction will be processed.

# Section A: What is my personal information?

- All information in this section must be completed.
- · Personal information will be kept confidential.

# Section B: What is my reason for this withdrawal?

- I must designate only one withdrawal reason in order for my request to be processed. If more than one withdrawal reason is elected, this Withdrawal Form may be returned to me for further clarification.
- Once Service Provider has processed a withdrawal, it cannot be returned.
- The following is a brief explanation of each of the withdrawal reasons and associated requirements listed on this Withdrawal Form.

#### I am Age 591/2 or older

I would check this box if I am at least age 59½ or older and the Plan allows for such withdrawals.

# Available contribution source(s) for this withdrawal reason:

- BEF 1 EMPLOYEE BEFORE TAX
- ERB 1 EMPLOYER MATCH
- IRR 1 IRA ROLLOVER
- PTR 1 PRE-TAX OTHER ROLLOVER

# I have reached Normal Retirement Age of 65 or older

• I would check this box if I am at least normal retirement age of 65 or older and I am requesting a withdrawal.

#### Available contribution source(s) for this withdrawal reason:

- BEF 1 EMPLOYEE BEFORE TAX
- · ERB 1 EMPLOYER MATCH
- ERB 3 BASE CONTRIBUTION
- ERB 5 TRANSITION CONTRIBUTION
- PTR 1 PRE-TAX OTHER ROLLOVER

# Restrictions for taking a withdrawal at Normal Retirement Age or older:

- For the ERB 1 EMPLOYER MATCH contribution source, I must be 100% vested.
- For the ERB 3 BASE CONTRIBUTION contribution source, I must be 100% vested.
- For the ERB 5 TRANSITION CONTRIBUTION contribution source, I must be 100% vested.

# Required Minimum Distribution (Age 70½)

- I would check this box if I am age 70½ or older and I want to take a one-time withdrawal of my required minimum amount. I will be responsible for calculating my required minimum amount every year and completing this Withdrawal Form to request payment.
- If I would prefer to have my required minimum amount automatically calculated and sent to me each year, I must request an Automated Minimum Distribution Request form. Once the Automated Minimum Distribution Request form is completed and received by Service Provider, I will receive my required amount without additional paperwork.

# Section C: What type of withdrawal and how much am I requesting?

- I must designate a type of withdrawal in order for my request to be processed.
- Once Service Provider has processed a withdrawal, it cannot be returned.
- Certain fees, charges (including contingent deferred sales charge) and/or limitations may apply.
- Unless the plan has directed otherwise, the withdrawal will be prorated against all available investment options and all available contribution sources.
- The following is a brief explanation of each type of withdrawal listed on this Withdrawal Form.

#### My Self-Directed Brokerage Account

- If I would like to receive a withdrawal from my SDB assets, it is my responsibility to contact the SDB provider directly to liquidate the securities and transfer the cash to the core investments (non-SDB investments) before my withdrawal request can be processed.
- Once the cash is swept into the SDB money market fund, I must request a transfer of the cash back to my Plan's core investment options by visiting www.empower-retirement.com/participant or by calling 1-866-467-7756.
- If my Plan has a "core minimum" (the amount of investment funds, required by my Plan, that must be maintained in my core investment options at all times), and the transfer of funds has not been received by Service Provider prior to receipt of this Withdrawal Form, my request will be processed from the amount that is available in the core investment options in excess of the core minimum.
- · For any further withdrawals, I must transfer the appropriate funds into my core investment options and submit an additional Withdrawal Form.

STD FINSRV 07/10/15 95812-01 WITHDRAWAL GU22/TNER/399974573 Page 6 of 14

#### Payable to Me as a One-time Withdrawal

- I would check this box to have my withdrawal made payable to me and enter the requested amount.
- If I select the Net Amount box, the actual withdrawal amount will be greater than the withdrawal amount received to account for applicable income
  taxes and fees.
- If I select the Gross Amount box, applicable income taxes and fees will be withheld from the gross amount, resulting in an amount less than the requested amount. If both or neither check box is marked, the request will be processed as a Gross Amount.
- If I am electing a partial withdrawal, I must indicate the percent or amount in the lines provided.
- If I am electing this option for my Required Minimum Distribution, I must enter a dollar amount. Percentages are unavailable.
- If I am taking a withdrawal from a specific contribution source, I would enter it on the line provided. If I do not enter a contribution source, my withdrawal will be prorated against all of my available investment options and all available contribution sources.

#### Rollover to an Empower Retirement IRA as a One-time Withdrawal

- I would check this box to have my withdrawal sent to an Empower Retirement IRA and elect whether the withdrawal will be going into a Traditional IRA or a Roth IRA
- I must indicate the amount or percent of a partial withdrawal in the lines provided.
- The withdrawal will be prorated against all of my available investment options and all available contribution sources.
- An eligible rollover withdrawal may be paid directly to an Empower Retirement Roth IRA. Mandatory Federal and State Income Tax withholding does not apply to this type of rollover. However, this withdrawal is subject to Federal and State Income Tax withholding and I am responsible for making tax payments. The taxable withdrawal will be reported on IRS Form 1099-R. Making an estimated tax payment to the IRS and an appropriate state authority at the time of this rollover may be one of the options to cover this tax liability. Where I deem appropriate, I will seek a consultation with my tax advisor.
- The rollover may not be completed if the acceptance letter and the form provide conflicting information. I may be contacted to provide additional information.
- I must complete the Required Minimum Distribution information if I am age 70½ or older and I am requesting a 100% withdrawal as a direct rollover unless I have already satisfied my required minimum distribution for the year.
- · Required Minimum Distributions are not eligible for rollover.

# Rollover to an IRA at Another Retirement Provider or an Eligible Retirement Plan as a One-time Withdrawal

- It is my responsibility to determine if the IRA or an eligible retirement plan accepts eligible rollover withdrawals.
- I would check this box to have my withdrawal sent to an IRA or an eligible retirement plan at Another Retirement Provider and enter the requested amount.
- The withdrawal will be prorated against all of my available investment options and all available contribution sources as allowed by IRS regulations.
- An eligible rollover withdrawal may be paid directly to a Roth IRA. Mandatory Federal and State Income Tax withholding does not apply to this type of rollover. However, this withdrawal is subject to Federal and State Income Tax withholding and I am responsible for making tax payments. The taxable withdrawal will be reported on IRS Form 1099-R. Making an estimated tax payment to the IRS and an appropriate state authority at the time of this rollover may be one of the options to cover this tax liability. Where I deem appropriate, I will seek a consultation with my tax advisor.
- The rollover may not be completed if the acceptance letter and the form provide conflicting information. I may be contacted to provide additional information.
- I must complete the Required Minimum Distribution information if I am age 70½ or older and I am requesting a 100% withdrawal as a direct rollover
  unless I have already satisfied my required minimum distribution for the year.
- · Required Minimum Distributions are not eligible for rollover.

#### Periodic Installment Payments (This option is only available if I am 100% vested.)

- If I am requesting to establish a new periodic installment payment, I would check the box before "I am requesting to establish a new Periodic Installment Payment." I would then fill in the First Payment Processing Date, Frequency and Payment Type. See <u>Periodic Installment Payment Options</u> below for explanation of the options available.
- If I have an existing periodic installment payment and I would like to change the frequency or payment date, I would check the box before "I am making a change to an existing Periodic Installment Payment." I would then fill in the information that I want changed.
- If my request is to establish a new periodic installment payment but I would also like to take a one-time partial withdrawal, I would check the box before "I am also requesting a one-time withdrawal..." and enter the dollar amount or percentage on the line provided. I would then fill in the First Payment Processing Date, Frequency and Payment Type. See Periodic Installment Payment Options below for explanation of the options available.

#### Periodic Installment Payment Options

# First Payment Processing Date

- I must select a First Payment Processing Date. The First Payment Processing Date is the date the funds will be withdrawn from my account.
- I may choose any day between the 1st and the 28th for my First Payment Processing Date. If my chosen date falls on a non-business day (weekend, holiday, etc.) then my payment will distribute on the next available business day.
- Allow 5-10 business days from the First Payment Processing Date to receive the withdrawal.

# Frequency

I must select the frequency of my payment from the available options.

# Payment Type

Amount Certain (Gross Amount Only)

- I would select this option if I wish to receive specific dollar amount payments on an installment basis.
- The payments will continue until my account balance is zero.
- The number of payments I receive will vary depending on the performance of my underlying investment options.

# Period Certain (Specific Number of Years)

- I would select this option if I wish to receive a set number of periodic installment payments.
- Payment amounts will depend on the account value, which may fluctuate depending upon my chosen investments' performance, the number of
  years I elect to receive payments and the frequency chosen.
- The payment amount will be calculated by dividing my current vested account balance by the number of remaining payments and is recalculated each time a payment is distributed; therefore, the amount of each payment typically differs. For example, if the payout is to be annually for 4 years, the initial payout amount will be equal to ¼ of my account balance. The second payment will be ½ of my balance. The third payment will be ½ and the final payment will be the remainder of the account balance, resulting in a zero account balance.

STD FINSRV 07/10/15 95812-01 WITHDRAWAL GU22/TNER/399974573
Page 7 of 14

#### Interest Only Payments

- This option is only available to me if I have at least one fixed investment option.
- My payment will vary depending on the type and performance of the fixed investment options.
- My payment will continue until I reach age 70½, at which point my periodic installment payment option will be automatically converted to my required minimum distribution and withdrawals will be made at the same frequency as my interest only payments.

#### **Fixed Annuity Purchase**

- An annuity is a payment option that can guarantee a retirement income for a fixed period or life.
- I will receive payments on the systematic basis that I have elected.
- · Payments made under a fixed annuity option will not change for as long as the annuity period continues.
- To request an annuity quote, review the annuity options that follow and call the Service Provider at 1-866-467-7756.
- · The insurance company issuing the annuity will make annuity payments and will deduct the applicable income tax withholding.
- · Once an annuity option is selected, I may not select a different withdrawal method or change to another fixed annuity option.
- To select this method, the minimum annuity purchase amount is \$2,000.00 and each payment must be at least \$50.00.
- I am responsible for ensuring that the fixed annuity option as elected meets the required minimum distribution, if applicable.

#### Fixed Annuity Purchase Options

#### Purchase Date

- The purchase date is the date the funds are withdrawn from my existing account and placed into a fixed annuity.
- The purchase date may vary depending on the underlying investment options.
- If the purchase date is not a business day, the purchase date will default to the next business day.
- The selected purchase date must be prior to the payment start date.
- The interest rate applied will be the annuity rate in effect on the actual purchase date.
- If a purchase date is not entered, the purchase date will automatically be the date a properly completed Withdrawal Form is received by Service Provider.
- The purchase date cannot be more than 180 days from the date I complete this Withdrawal Form.

#### First Payment Processing Date

- The First Payment Processing Date is the date the funds will be distributed from my account.
- The first withdrawal may be delayed 5-10 business days as my annuity account is established.
- The First Payment Processing Date cannot be more than 90 days after the purchase date.
- I am responsible for ensuring that the fixed annuity option as elected meets the required minimum distribution, if applicable.

#### Frequency

• I must select the frequency of my payment from the available options.

#### Income for a Period Certain (Number of Years)

- This option provides for annuity payments over the period and frequency I specify.
- The insurance company issuing the annuity will determine the amount of the payments.
- If I die before my entire annuitized balance is distributed, my beneficiary will receive all remaining annuity payments, if any.

# Section D: To whom do I want my withdrawal payable and where should it be sent?

- It is my responsibility to make sure that the Trustee/Custodian/Provider information provided is accurate.
- · Service Provider is not responsible for misdirected payments due to incorrect information or address.

#### Section E: How do I want my withdrawal delivered?

- Certain delivery options are not available on all types of withdrawals.
- Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order.
- I must select a delivery option from the choices provided. If I do not make any selection, all transactions will be sent by regular mail.
- Below is a description of each delivery option.

#### Check by USPS Regular Mail

- Estimated delivery time is 7-10 business days
- No additional charge
- If the check is payable to me, it will be sent to the address on file unless an address change or alternate address is indicated in the 'Signatures and Consent' section of the form and is properly notarized.
- If the check is payable to another retirement provider, it will be sent to the address indicated in Section D.

# **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 fees, for each transaction.
- For example, if I elected to make a full withdrawal with a portion payable to me and the remainder rolled over to an eligible plan, there will be 2 different transactions and I may be charged up to a total of \$50.00 for the Express delivery fees.
- · Not available for Periodic Installment/Annuity Payments
- · Available for delivery, Monday-Friday, with no signature required upon delivery
- If the check is payable to me, it will be sent to the address on file unless an address change or alternate address is indicated in the 'Signatures and Consent' section and is properly notarized.
- · If the check is payable to another retirement provider, it will be sent to the address indicated in Section D.
- If the address is a P.O. Box, the check will be sent by USPS Express and estimated delivery time is 2-3 business days.
- · Delivery is not guaranteed to all areas

# Direct Deposit via Automated Clearing House ("ACH")

- I would elect this option if I want my payment to be electronically deposited into my personal checking or savings account.
- · Estimated delivery time is 2-3 business days
- · A non-refundable charge of up to \$15.00 will be deducted, in addition to any withdrawal fees, for each transaction.
- · Not available for Direct Rollovers
- · Available for Periodic Installment/Annuity Payments at no charge
- If I have requested a periodic installment payment and my first payment processing date does not allow for the 10 day pre-notification process, I understand that my first payment will be sent by check to my address on file.

STD FINSRV 07/10/15 95812-01 WITHDRAWAL GU22/TNER/399974573 Page 8 of 14

- . The name on my checking/savings account MUST match the name on file with Service Provider.
- For deposit into my checking account, I <u>MUST</u> attach a copy of a preprinted voided check for the receiving account. I may also attach a letter
  on financial institution letterhead, signed by a representative from the receiving institution, which indicates my name, checking account number and
  the ABA routing number.
- For deposit into my savings account, I <u>MUST</u> attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which indicates my name, savings account number and the ABA routing number.
- · An ACH request can not be sent to a prepaid debit card, an IRA, or a business account.
- · Any missing, incomplete, or inaccurate information will delay my withdrawal request.
- ACH credit can only be made into a United States financial institution.
- Any requests received referencing a foreign financial institution or referencing a United States financial institution with a further credit to an account
  associated with a foreign financial institution will be rejected.

# **General ACH Information**

- · I authorize Service Provider to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error.
- In addition, I authorize my financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account.
- Service Provider will make payment in accordance with the direction I have specified on this Withdrawal Form until such time that I notify Service Provider in writing that I wish to cancel the ACH agreement.
- I 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 my subsequent payments.
- Service Provider reserves the right to terminate the ACH transfers for any reason and will notify me in the event of such termination by sending notice to my last known address on file with Service Provider.
- · It is my obligation to notify Service Provider of any address or other changes affecting electronic fund transfers during my lifetime.
- · I am solely responsible for any consequences and/or liabilities that may arise out of my failure to provide such notification.
- By selecting the ACH method of delivery, I acknowledge that Service Provider is not liable for payments made by Service Provider in accordance with a properly completed Withdrawal Form.
- I am authorizing and directing my financial institution not to hold any overpayments made by Service Provider on my behalf, or on behalf of my 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 or check delivery instructions.

# ACH for Periodic Installment Payments Only

- · ACH is a form of electronic funds transfer by which Service Provider can transfer my payments directly to my financial institution.
- I should allow at least 15 days from the date Service Provider receives my properly completed Withdrawal Form to begin using ACH for my payments.
- Upon receipt of a properly completed Withdrawal Form, Service Provider will notify my financial institution of my ACH request. This is called the
  pre-notification process.
- The pre-notification process takes approximately 10 days.
- During the pre-notification process, my financial institution will confirm with Service Provider that the account and routing information I submitted is correct and that it will accept the ACH transfer.
- · After this confirmation is received, my payments will be transferred to my financial institution within 2 days of the first payment date.
- If my payments are withdrawn from investments that are subject to time delays upon withdrawal, the deposit to my financial institution may be
  delayed accordingly.
- In the event of a change to my periodic installment payment, my electronic funds transfer may be subject to delay and a check will be sent to my last known address on file with Service Provider.
- · If my financial institution rejects the pre-notification, I will be notified and payments will be mailed to me via check until I submit new ACH instructions.
- As a result, it is important to notify Service Provider in writing of any changes to my mailing address.
- I may submit my new ACH instructions on the Direct Deposit (ACH) form which is available at www.empower-retirement.com/participant or by calling 1-866-467-7756.

# Wire Transfer

- · Estimated delivery time is 1-2 business days
- · A non-refundable charge of up to \$40.00 will be deducted, in addition to any withdrawal fees, for each transaction.
  - For example, if I elected to make a full withdrawal with a portion payable to me and the remainder rolled over to an eligible plan, there will be 2 different transactions and I may be charged up to a total of \$80.00 for the Wire transfer delivery fees.
- · Not available for Periodic Installment/Annuity Payments
- · Additional fees may apply at the receiving financial institution.
- I <u>MUST</u> verify the wire transfer information provided with the financial institution receiving these funds. Service Provider is not responsible for inaccurate wire transfer instructions.
- I also <u>MUST</u> attach a letter on financial institution letterhead signed by a representative of the receiving institution. The letter must include the following
  wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA
  Routing Number and 'For Further Credit to' Name and Account Number.

# Section F: How will my income taxes be withheld?

- Withdrawal withholding will vary depending on the type of withdrawal I am requesting.
- I have received and must read the attached 402(f) Notice of Special Tax Rules on Distributions, which provides additional income tax withholding
  information.
- If I do not have sufficient Federal or State Income Tax withheld from my withdrawal, I will be responsible for payment of estimated tax and/or may
  incur penalties under estimated tax rules.
- If applicable, I have attached IRS Form W-4P and/or my State's Income Tax withholding form to make tax elections when required. In the event these forms are required for my withdrawal and not submitted, Service Provider will withhold in accordance with applicable Federal and State regulations.
- If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

# Federal Income Tax Withholding

Generally, twenty percent (20%) mandatory Federal Income Tax withholding will apply to the taxable amount of all withdrawals paid directly to me unless an exception applies.

 STD FINSRV 07/10/15
 95812-01
 WITHDRAWAL
 GU22 / TNER / 399974573

 Page 9 of 14

#### **Early Withdrawal Penalty**

• I may be subject to an additional ten percent (10%) tax penalty for withdrawals if I am under the age of 59½, unless another exception to the early withdrawal penalty applies.

# Required Minimum Distributions (Age 701/2 or older)

- 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 withheld.
- · If I wish to have additional Federal Income Taxes withheld, I may elect so by entering a percentage or dollar amount on the line provided.

#### **Direct Rollovers**

- · Direct rollovers are not subject to Federal Income Tax withholding.
- · A rollover of assets to a Roth IRA are subject to Federal Income Tax and will be reported as taxable income to me.
- I am responsible for paying any income tax due on this withdrawal.

# **Periodic Installment Payments**

- Twenty percent (20%) mandatory Federal Income Tax withholding will apply to the taxable amount of all amount certain or period certain periodic installment payments scheduled to continue for less than ten (10) years.
- If my periodic installment payments are payable over my life expectancy or are scheduled to continue for a period certain of more than ten (10) years, it is suggested that I complete and attach an IRS Form W-4P to this Withdrawal Form.
- If an IRS Form W-4P is not attached, Federal Income Tax withholding will be made as though I am married with three (3) allowances, regardless
  of my marital status indicated in Section A.
- · I may obtain an IRS Form W-4P at http://www.irs.gov.

#### **Fixed Annuities**

- I need to complete and attach an IRS Form W-4P to this Withdrawal Form.
- If an IRS Form W-4P is not attached, Federal Income Tax withholding will be made as though I am married with three (3) allowances, regardless of my marital status indicated in Section A.
- I may obtain an IRS Form W-4P at http://www.irs.gov.
- · I also need to complete and attach my State's Income Tax withholding form if required by my state.

# Income Tax Withholding Applicable to Payments Delivered Outside the U.S.

• If I am a U.S. citizen or U.S. resident alien and my payment is to be delivered outside the U.S. or its possessions, I may not elect out of Federal Income Tax withholding.

#### Income Tax Withholding for a Non-U.S. Person

- If I am a non-resident alien, I must attach IRS Form W-8BEN with an original signature and this must be sent by mail or express delivery. Service Provider cannot accept a fax of this form.
- The withholding rate applicable to my payment is thirty percent (30%) unless a reduced rate applies because my country of residence has entered into a tax treaty with the U.S. and the treaty provides for a reduced withholding rate or an exemption from withholding. In order to claim a treaty rate, I must complete the appropriate fields and provide a U.S. Taxpayer Identification Number on Form W-8BEN. I may call 1-800-TAX-FORM (829-3676) to obtain IRS Form W-8BEN. If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

#### State Income Tax Withholding

- If applicable, I will attach my State's Income Tax withholding form to make tax elections when required. In the event these forms are required for my withdrawal and not submitted, Service Provider will withhold in accordance with applicable state regulations.
- If I live in the state that mandates State Income Tax withholding, State Income Tax will be withheld. If I wish to have additional State Income Tax withheld, I may elect so by entering a percentage or dollar amount on the line provided.
- Certain states allow an election for no State Income Tax withholding depending on the reason and type of withdrawal I have selected. For these states only, State Income Tax will be withheld unless I properly elect otherwise on the form.
- Certain states do not require mandatory withholding but allow to elect State Income Tax withholding depending on the reason and type of withdrawal I have selected. If I elect this, State Income Tax will be withheld based on a default rate/rules provided by the state of my residence. I may elect to have an additional State Income Tax withheld by entering a percentage or a dollar amount on the line provided.
- · For more information and applicable forms or documentation that may be required for my state, refer to the appropriate state tax authority.

# Section G: My Consent

- · My signature and the date of my signature are required.
- I attest to receiving, reading, understanding and agreeing to all provisions of this Withdrawal Form Request, the Participant Withdrawal Guide and the 402(f) Notice of Special Tax Rules on Distributions.

# My Change of Address/Alternate Address Notarization

Permanent Address Change

- I would check this box if I would like for Service Provider to update the address on file to this new permanent address. If I am requesting a check, I understand that it will be mailed to this address.
- · I must notify my employer of my address change.
- · Any changes to my address must be notarized .

#### Alternate Mailing Address

- I would check this box if I would like Service Provider to mail my withdrawal check to the alternate address provided. This will not update my permanent address. This alternate address will be used for this withdrawal only.
- · Any request for an alternate mailing address must be notarized .

#### Section H: Where should I send this form?

- Once I have completed this Withdrawal Form, including obtaining all signatures, I must forward it according to the instructions listed in this section.
- If I have elected to fax this Withdrawal Form to Service Provider, I need to allow 2-4 hours for fax receipt before I check on the fax status.

STD FINSRV 07/10/15 95812-01 WITHDRAWAL GU22/TNER/399974573 Page 10 of 14

# **Required Information**

# **Important Note**

- Although every effort is made to keep the information in this Guide current, it is subject to change without notice. Federal, state, and local tax laws
  may be revised, and new Plan provisions may be adopted by the Plan. For the most up to date version of this Guide, please visit the website at
  www.empower-retirement.com/participant or call Client Service at 1-866-467-7756.
- Access to KeyTalk® or the website may be limited or unavailable during periods of peak demand, market volatility, systems upgrades, maintenance or for other reasons.
- For more information about available investment options, including fees and expenses, I may obtain applicable prospectuses and/or disclosure documents from my registered representative. Read them carefully before investing.

 
 STD FINSRV 07/10/15
 95812-01
 WITHDRAWAL
 GU22/TNER/399974573 Page 11 of 14

# 402(f) NOTICE OF SPECIAL TAX RULES ON DISTRIBUTIONS

#### **YOUR ROLLOVER OPTIONS**

You are receiving this notice because all or a portion of a payment you are receiving from the Capital Health Retirement Savings & Investment Plan (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice describes the rollover rules that apply to payments from the Plan that are not from a designated Roth account (a type of account with special tax rules in some employer plans). If you also receive a payment from a designated Roth account in the Plan, you will be provided a different notice for that payment, and the Plan administrator or the payor will tell you the amount that is being paid from each account.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

# **GENERAL INFORMATION ABOUT ROLLOVERS**

# How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

# Where may I roll over the payment?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

#### How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

# How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Required minimum distributions after age 70½ (or after death)
- Hardship distributions
- ESOP dividends
- · Corrective distributions of contributions that exceed tax law limitations
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends)
- Cost of life insurance paid by the Plan
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first enrollment.
- Amounts treated as distributed because of a prohibited allocation of S corporation stock under an ESOP (also, there will generally be adverse tax consequences if you roll over a distribution of S corporation stock to an IRA).

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

# If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Payments from a governmental defined benefit pension plan made after you separate from service if you are a public safety employee and you are at least age 50 in the year of the separation
- Payments made due to disability
- · Payments after your death
- Payments of ESOP dividends
- · Corrective distributions of contributions that exceed tax law limitations
- · Cost of life insurance paid by the Plan
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments up to the amount of your deductible medical expenses
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution.

# If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

# Will I owe State income taxes?

This notice does not describe any State or local income tax rules (including withholding rules).

# **SPECIAL RULES AND OPTIONS**

# If your payment includes after-tax contributions

After-tax contributions included in a payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax contributions included in the payment, so you cannot take a payment of only after-tax contributions. However, if you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment. In addition, special rules apply when you do a rollover, as described below.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amount paid from the Plan and at the same time the rest paid to you, the portion directly rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-

 
 STD FINSRV 07/10/15
 95812-01
 WITHDRAWAL
 GU22/TNER/399974573 Page 12 of 14
 tax contributions. In this case, if you directly roll over \$10,000 to an IRA that is not a Roth IRA, no amount is taxable because the \$2,000 amount not directly rolled over is treated as being after-tax contributions. If you do a direct rollover of the entire amount paid from the Plan to two or more destinations at the same time, you can choose which destination receives the after-tax contributions.

If you do a 60-day rollover to an IRA of only a portion of the payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions, and no part of the distribution is directly rolled over. In this case, if you roll over \$10,000 to an IRA that is not a Roth IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

#### If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*.

#### If your payment includes employer stock that you do not roll over

If you do not do a rollover, you can apply a special rule to payments of employer stock (or other employer securities) that are either attributable to after-tax contributions or paid in a lump sum after separation from service (or after age 59½, disability, or the participant's death). Under the special rule, the net unrealized appreciation on the stock will not be taxed when distributed from the Plan and will be taxed at capital gain rates when you sell the stock. Net unrealized appreciation is generally the increase in the value of employer stock after it was acquired by the Plan. If you do a rollover for a payment that includes employer stock (for example, by selling the stock and rolling over the proceeds within 60 days of the payment), the special rule relating to the distributed employer stock will not apply to any subsequent payments from the IRA or employer plan. The Plan administrator can tell you the amount of any net unrealized appreciation.

# If you have an outstanding loan that is being offset

If you have an outstanding loan from the Plan, your Plan benefit may be offset by the amount of the loan, typically when your employment ends. The loan offset amount is treated as a distribution to you at the time of the offset and will be taxed (including the 10% additional income tax on early distributions, unless an exception applies) unless you do a 60-day rollover in the amount of the loan offset to an IRA or employer plan.

# If you were born on or before January 1, 1936

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, *Pension and Annuity Income*.

# If your payment is from a governmental section 457(b) plan

If the Plan is a governmental section 457(b) plan, the same rules described elsewhere in this notice generally apply, allowing you to roll over the payment to an IRA or an employer plan that accepts rollovers. One difference is that, if you do not do a rollover, you will not have to pay the 10% additional income tax on early distributions from the Plan even if you are under age 59½ (unless the payment is from a separate account holding rollover contributions that were made to the Plan from a tax-qualified plan, a section 403(b) plan, or an IRA). However, if you do a rollover to an IRA or to an employer plan that is not a governmental section 457(b) plan, a later distribution made before age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies). Other differences are that you cannot do a rollover if the payment is due to an "unforeseeable emergency" and the special rules under "If your payment includes employer stock that you do not roll over" and "If you were born on or before January 1, 1936" do not apply.

# If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income plan payments paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

# If you roll over your payment to a Roth IRA

If you roll over a payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs) and IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs).

# If you do a rollover to a designated Roth account in the Plan

You cannot roll over a distribution to a designated Roth account in another employer's plan. However, you can roll the distribution over into a designated Roth account in the distributing Plan. If you roll over a payment from the Plan to a designated Roth account in the Plan, the amount of the payment rolled over (reduced by any after-tax amounts directly rolled over) will be taxed. However, the 10% additional tax on early distributions will not apply (unless you take the amount rolled over out of the designated Roth account within the 5-year period that begins on January 1 of the year of the rollover).

If you roll over the payment to a designated Roth account in the Plan, later payments from the designated Roth account that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a designated Roth account is a payment made both after you are age 59½ (or after your death or disability) and after you have had a designated Roth account in the Plan for at least 5 years. In applying this 5-year rule you count from January 1 of the year your first contribution was made to the designated Roth account. However, if you made a direct rollover to a designated Roth account in the Plan from a designated Roth account in a plan of another employer, the 5-year period begins on January 1 of the year you made the first contribution to the designated Roth account in the Plan or, if earlier, to the designated Roth account in the plan of the other employer. Payments from the designated Roth account that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exceptions applies).

# If you are not a plan participant

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

If you are a surviving spouse. If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA. An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your

STD FINSRV 07/10/15 95812-01 WITHDRAWAL GU22/ TNER / 399974573 Page 13 of 14

IRA do not have to start until after you are age 70½. If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½.

If you are a surviving beneficiary other than a spouse. If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

<u>Payments under a qualified domestic relations order</u>. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

# If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, *U.S. Tax Guide for Aliens*, and IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

#### Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments). If your payments for the year are less than \$200 (not including payments from a designated Roth account in the Plan), the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover. Unless you elect otherwise, a mandatory cash-out of more than \$1,000 (not including payments from a designated Roth account in the Plan) will be directly rolled over to an IRA chosen by the Plan administrator or the payor. A mandatory cash-out is a payment from a plan to a participant made before age 62 (or normal retirement age, if later) and without consent, where the participant's benefit does not exceed \$5,000 (not including any amounts held under the plan as a result of a prior rollover made to the plan).

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, *Armed Forces' Tax Guide*.

# **Postponement of Distribution Notice**

Generally, if your vested benefit exceeds \$1,000.00, you have the right to defer distribution of your vested account balance from the Plan. If you elect to defer your distribution, the Plan will not make a distribution to you without your consent until required by the terms of the Plan or by law. If you elect to defer your distribution, your vested account balance will continue to experience investment gains, losses and Plan expenses. As a result, the value of your vested account balance ultimately distributed to you could be more or less than the value of your current vested account balance. In determining the economic consequences of postponing your distribution, you should compare the administration cost and investment options (including fees) applicable to your vested account balance in the Plan if you postpone your distribution to the costs and options you may obtain with investment options outside the plan.

Upon distribution of your vested account balance from the Plan, you will be taxed (except to the extent your vested account balance consists of after-tax contributions or qualified amounts held in a ROTH money source) on your vested account balance at the time of the distribution if you do not rollover your balance. As explained in greater detail in the 402(f) Notice of Special Tax Rules on Distributions, you can roll over your distribution directly or you may receive your distribution and roll it over within 60 days to avoid current

taxation and to continue to have the opportunity to accumulate tax-deferred earnings. There are many complex rules relating to rollovers, and you should read the 402(f) Notice of Special Tax Rules on Distributions carefully before deciding whether a rollover is desirable in your circumstances. You should also note that a 10% penalty tax may apply to distributions made before you reach age 59½, unless another exception applies.

If you defer your distribution of your vested account balance, you may invest in the investment options available to active employees. If you do not defer distribution of your vested account balance, the currently available investment options in the Plan may not be generally available on similar terms outside the Plan. Fees and expenses (including administrative or investment related fees) outside the Plan may be different from fees and expenses that apply to your vested account balance in the Plan. For more information about fees, expenses, and currently available Plan investment options, including investment related fees, refer to the prospectuses and/or disclosure documents regarding Plan investments and fees available from your Plan administrator and/or Plan service representative.

When considering whether to defer your distribution, carefully review the Plan Document and/or Plan's Summary Plan Description, including the sections on timing of distributions and available distributions.

#### FOR MORE INFORMATION

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs); IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.

STD FINSRV 07/10/15 95812-01 WITHDRAWAL GU22/TNER/399974573
Page 14 of 14