

# **Distribution** — Automatic Payments

Use this form to set up automatic distributions from your 401(a), 401(k), 403(b) or 457(b) governmental employer plan. Fill in by hand using CAPITAL letters and black ink, or on screen (if electronic file). If you need more room for information or signatures, use a copy of the relevant page.

## Helpful To Know

- You can only take a distribution if you meet one of the criteria for eligibility (see Section 3).
- Workplace retirement plan distributions may have tax consequences. You may want to consult a tax or financial professional.
- To set up automatic distributions for more than one retirement plan, use a separate form for each plan.
- To get your plan number(s), call your plan sponsor or go to fidelity.com/atwork.
- To validate your profile, go to netbenefits.com/profile. To change your address, call your plan sponsor or go to netbenefits.com/profile.
- For most other types of distributions (such as hardship or rollover) find the appropriate forms at fidelity.com/atwork.
- Non-resident aliens must provide IRS form W-8BEN and a U.S. taxpayer ID number to claim any tax treaty benefits.

1. Account	Owner/Participant						
	Name			Social Security or Taxpayer ID Number			
	Date of Birth MM – DD – YYYY Ev	vening Phone		Daytime Phone			
	Email						
	☐ Not married ☐ Married Your	spouse may need to sign t	his form. Ask your e	employer or Fide	lity.		
Address If the add	draga wa hawa far way ia aarraat akin to	Continu 2	,	, ,			
Address II the add	dress we have for you is correct, skip to	3 Section 2.					
Providing a new address may delay							
your check unless you	City	State/Province	Zip/Postal Code	Country			
get a signature guarantee (see Section 9).	•						
2. Plan Invol	ved						
heck one. To get your plan number, go to	Plan Type and Number						
netbenefits.com/	☐ 401(a) ☐ 403(b) Plan Number						
profile or call the employer sponsoring	□ 401(k) □ 457(b) □						
your plan.	Name of Employer Sponsoring Plan						
3. Reason fo	or Distribution Required	by federal tax law and	your plan.				
		-					
Check ONLY one.	. Former Employees						
Contact the employer Separation from service You no longer work for the employer sponsoring the plan.							
to confirm which	Current Employees						
reasons your plan accepts and whether	Qualified by age Age requirement varies by plan type. You must be at least 59½ (for 457(b), 70½).						
you qualify.	Other Must be specified in your pla						

3. TEMDISTAWP. 100 Page 1 of 4 026350001

Choose one method,	By Payment Amount	By Number of Payments			
and provide any required information.	Distribute proportionally from all available	Distribute the following number of payments pro-			
,	plan assets:    Payment Amount	portionally from all available plan assets:			
	\$	. cynicite			
	Ψ				
5. Frequenc	cy of Payments Payments will continue un	ntil available plan assets are depleted or you tell us in writing to stop them.			
- Trequenc	1 ayments will continue the	Tur available plan assets are depleted or you ten us in writing to stop them.			
	Once a year Once a month	of FIRST Payment MM – DD – YYYY			
	☐ Every 3 months ☐ Twice a month				
6. Tax Withl					
O. Tax vvicin					
		ding any distribution that is eligible for rollover, but is not rolled over)			
	g ,	ibutions. We apply these rates unless you, or state law, direct otherwise ted from, the amount of your distribution. Amounts withheld may			
be less or more than	what you actually owe in taxes. The withholding ins	structions you provide here will remain in effect for this account unti			
	uctions. To review the Special Tax Notice for details	s, go to fidelity.com/atwork. num federal mandatory withholding rate of 20% will apply. If your pay-			
ments will continue for	10 years or longer, federal withholding will be based	on tax tables unless you indicate otherwise. If Fidelity does not have			
For non-resident aliens	on, the withholding will be that for a married person w s, the minimum federal mandatory withholding rate of W-8BEN on file with Fidelity.	intn 3 dependents. 30% will apply, unless the prevailing tax treaty rate applies because you			
You can indicate a high	her withholding rate if you choose, but if you indicate i	no rate, or a rate below an applicable federal minimum, by law we mus			
withhold the applicabl	e minimum. If you are under age 59½, a 10% early dis Federal				
A 222 unt's la gal /	Withhold federal taxes at the rate of:	State			
Account's legal / residential address	D .	☐ Withhold state taxes at the applicable rate  thholding, ☐ Do NOT withhold state taxes unless required by law			
determines which tate's tax rules apply.	Note that if there is federal wit certain states require that there	0.			
tate 3 tax raies apply.	state withholding.				
	Do NOT withhold federal taxes NOT available in payments will be finished within 10 years.	if your			
7. Delivery I	<u>Viethod</u>				
First payment transact	ion timings start from when your distribution request i	is approved and are estimates not quarantees			
		-			
Choose ONLY one delivery method and		ne owner's name must be exactly the same on both accounts.			
provide any required information.	☐ EFT is already set up on account Allow 3 business days. Skip to Section 8. ☐ Set up EFT to bank or credit union account:				
oac.o	Allow 18-21 business days (includes verification, set-up and transaction processing).				
	Checking Provide account information or attack	h voided check. Savings Provide deposit slip.			
Ade var bank for the	Bank Routing Number Nine digit number starting with 0, 1	1, 2, 3, or 4. Bank Name			
Ask your bank for the routing number.	<b>&gt;</b>				
	Bank Account Number	Bank Account Owner(s) Name(s)			
	Check				
	Check sent to mailing address Default if no choice indicated. Allow 7 business days.				
	Deposit Allow 3 business days.				
	Deposit into Fidelity non-retirement account:				
	Account Number				

## 8. Spouse's Consent Complete if you are married and if required by your plan.

The spouse's signature MUST either be notarized or be witnessed by a plan representative. A signature guarantee is NOT a notary seal. By signing below, you:

- Voluntarily consent to the distribution(s) indicated on this form, knowing that your spouse's request is not valid without your consent.
- Acknowledge that you may be giving up your right to receive assets that would otherwise go to you upon your spouse's death.
- Acknowledge that your spouse's waiver of a qualified joint and survivor annuity, if applicable, is not valid without your consent.
- Agree that if the distribution described in this form is not processed within 180 days of the date you sign this form, your consent expires.
- Acknowledge that you cannot take back your consent unless your spouse allows you to, and files a new form with Fidelity.

Print Spouse Name	
Spouse Signature	Date MM - DD - YYYY
SIGN	

### Notarization or Plan Representative Witness

Notary only.) State of, in the County of			, subscribed and sworn to before me by		
the above-named individual who is personally known t		as identification, that the			
foregoing statements were true and accurate and made	le of his/her own free act and deed, on	/	·		
Print Notary/Plan Representative Name		<b>—</b> 1	NOTARY SEAL/STAMP —		
Notary/Plan Representative Signature	Date MM - DD - YYYY				
SIGN	•				

(Notary only.) My commission ends on \_\_\_\_/\_\_\_\_.

## 9. Signature and Date Account owner/participant must sign and date.

If the retirement plan requires a signature from the plan sponsor in Section 10, you do not need a signature guarantee. If the retirement plan does NOT require a plan sponsor signature, you will need a signature guarantee if either of two cases applies:

- Your distribution is more than \$10,000 and is not going to a Fidelity account, you are providing a new address, AND it's important that your transaction not be delayed by 15 days.
- Your initial distribution is more than \$100,000.

A Medallion signature guarantee at least the amount of your distribution. A notary seal is NOT a signature guarantee. By signing below, you:

- Authorize Fidelity to act on all instructions given on this form.
- Accept all terms and conditions described in this form.
- Certify that all information you provided is correct to the best of your knowledge.
- Acknowledge that you have received the Special Tax Notice and, if applicable, the Forms
  of Benefit Notice and the Notice of the Waiver of the Qualified Joint and Survivor Annuity.

Print Participant Name

Date MM – DD – YYYY

Participant Signature

Participant Signature

☐ The signature guarantee above is NOT a Medallion signature guarantee:

Financial Institution Representative Name			Extension	

Medallion Level For Fidelity Use Only

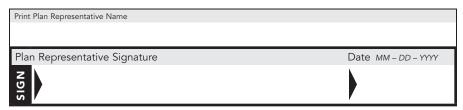
## 10. Plan Sponsor Approval

Consult the employer sponsoring your plan or Fidelity to determine whether plan sponsor approval is required. You may need plan sponsor approval even if you no longer work for the sponsor.

Participant's Date of Hire MM - DD - YYYY	Separation Date If applicable MM-DD-YYYY	Employer-Source Vesting
		%

By signing below, you:

- Acknowledge that the distribution as requested on this form is permitted by the employer's plan.
- Certify that you are on record with Fidelity as being authorized to sign on behalf of the plan sponsor.



Did you print and sign the form, and attach any necessary documents? Did ALL required individuals sign? Send the form and any necessary documents to Fidelity.

Faxing 1-877-330-2476 (ONLY if your request doesn't require spousal consent, a notary stamp, or a signature guarantee).

Questions? Go to fidelity.com/atwork or call 1-800-343-0860 (TTY, 1-800-259-9743), business days (except NYSE holidays) from 8 AM to midnight (ET).

Unless otherwise directed, deliver to:

Regular mail Fidelity Investments PO Box 770002 Cincinnati, OH 45277-0090 Covington, KY 41015

Overnight mail Fidelity Investments 100 Crosby Parkway KC1E

On this form, "Fidelity" means Fidelity Investments Institutional Operations Company, Inc.