



MO Deferred Comp Plan INSTALLMENT FORM

Select Plan(s) below:

☐ All Plans

☐ MO Deferred Comp 457 Plan - 626681

☐ MO Deferred Comp 457 Plan Bene - 626682

☐ MO Deferred Comp Incentive Plan- 626683

☐ MO Deferred Comp Incentive Plan Bene - 626684

PERSONAL INFORMATION (please print clearly using black or blue ink)

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MOBILE PHONE: _____ DAY PHONE: _____ EVENING PHONE: _____

EMAIL: _____ DATE OF BIRTH: ____/____/____

INSTRUCTIONS

1. Please review and complete all applicable sections of this form to enable prompt processing.
2. All checks issued by Voya Financial are mailed to your current address on record. You can not use this form to change your address. Before submitting this form, please go online or contact a Customer Service Associate to verify that the Plan has your current address. Failure to do so may result in your check being mailed to an incorrect address. The contact information is available on the last page of this form. If the address on record is incorrect, please contact the Plan. Verify that the Plan has been updated prior to submitting this form.
3. Sign and mail your form for processing.

PLEASE NOTE: AN INCOMPLETE APPLICATION WILL CAUSE A DELAY IN RECEIVING YOUR CHECK.

INSTALLMENT PAYMENT OPTIONS (Complete one or both sections as applicable)

☐ Pre-Tax Installments

Request Type:

☐ New Installment

Frequency:

☐ Monthly ☐ Quarterly ☐ Semi Annual ☐ Annual

Please choose one payment option:

☐ Payment of a certain amount until the account is exhausted. Specified dollar amount: \$ _____

☐ Payments over a specified time period of _____ years.

Payment Date:

Day: ☐ 1st ☐ 15th

Payment start month: _____

☐ Roth Installments**

Request Type:

☐ New Installment

Frequency:

☐ Monthly ☐ Quarterly ☐ Semi Annual ☐ Annual

Please choose one payment option:

☐ Payment of a certain amount until the account is exhausted. Specified dollar amount: \$ _____

☐ Payments over a specified time period of _____ years.

Payment Date:

Day: ☐ 1st ☐ 15th

Payment start month: _____

Installments will begin as soon as administratively possible and are processed on the closest business day to the 1st and the 15th of the month chosen.

**** A Roth distribution must be a qualified distribution in order for the earnings not to be taxed.**

FEDERAL AND STATE INCOME TAX WITHHOLDING

TAX WITHHOLDING ELECTIONS

Regardless of whether or not federal or state income tax is withheld, you are liable for taxes on the taxable portion of the payment. If you do not have a sufficient amount withheld, you may be subject to tax penalties under the Estimated Tax Payment rules. An election made for a single non-recurring distribution applies only to the payment for which it is being made. For recurring payments, your withholding election will remain in effect until it is changed or revoked. You may change or revoke your election at any time prior to a payment being made by submitting IRS form W4, W-4P, W-4R, as appropriate. U.S. persons having their payment delivered outside the U.S. or its possessions may not make an election of NO withholding or choose withholding that is less than the default. In this case, if you choose no withholding or withholding that is less than the default, the default rate will be applied. Non-resident aliens are subject to a mandatory 30% withholding rate unless they are eligible for a reduced rate or exemption under a tax treaty and the required documentation is submitted.

FEDERAL WITHHOLDING RULES

Eligible rollover distribution – 20% withholding: Distributions you receive from qualified pension or annuity plans that are eligible to be rolled over tax free to an IRA or another qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required, and you cannot choose not to have income tax withheld from eligible rollover distributions. You may elect withholding in excess of the mandatory 20% rate as a total percentage (no decimals), for example 25%. Dollar amounts are not allowed. You may also submit IRS Form W-4R to make this election. To obtain Form W-4R please go to the www.irs.gov website or call 800-829-3676. Form W-4R also contains Marginal Rate Tables that can be used as a guide to determine how much to have withheld from your payment.

Periodic Payments: Withholding from periodic payments of a pension or annuity that are not rollover eligible is figured in a similar manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year*. You may elect out of withholding. If you do not elect out of withholding from your periodic payment, you must submit IRS Form W-4P to make your election. To obtain IRS Form W-4P please go to www.irs.gov or call 800-829-3676. If you do not submit a Form W-4P, withholding will occur as if you had checked the “Single or Married Filing separately” box on Form W-4P and made no other elections.

*Periodic payments made from qualified retirement plans that are not based on life expectancy and are expected to last less than 10 years remain rollover eligible and are subject to the mandatory 20% withholding described above.

FEDERAL WITHHOLDING INSTRUCTIONS (If you do not check any of the boxes below or provide a Form W-4P or W-4R, then we will withhold based on the IRS default.)

- ☐ **DO NOT** withhold any federal income tax unless mandated by law.
- ☐ **(For periodic payments only) DO** withhold federal taxes using default wage withholding as if the “Single or Married Filing separately” box on Form W-4P was checked and no other elections were made.
- ☐ **(For non-periodic payments only) DO** withhold federal taxes at the default percentage or at the following percentage (no decimals) that is greater than the default percentage _____.0%.

STATE WITHHOLDING INSTRUCTIONS

- ☐ **DO NOT** withhold any state income tax unless mandated by law
- ☐ **DO** withhold state taxes in the amount of \$ _____ or _____% (If you make this election, a dollar amount or percentage must be specified and cannot be less than any required withholding.)

Note: If you do not make an election or if your state requires a greater amount of withholding, we will withhold at the rate specified by your state of residence for the type of payment you are receiving. In some cases, your state specific withholding election form is required to opt out of withholding or to choose a rate other than the state's default rate. Refer to the plan website for State Income Tax Withholding Notification and/or your State Department of Taxation for details.

HOW WOULD YOU LIKE TO RECEIVE YOUR INSTALLMENT PAYMENTS?

Once the installment is processed, the funds will be available within 2 - 3 business days for distribution.

- ☐ **First class mail.**
- ☐ **Automated Clearing House Note:** You must already have banking information on file with the Plan for at least 7 days in order for this payment to be deposited to your bank via ACH.

AUTHORIZATION

The participant/beneficiary/alternate payee certifies that to the best of his/her knowledge and belief the information provided on this form, including the Social Security Number or Taxpayer Identification Number, is accurate and complete. The individual receiving this payment acknowledges that he or she has received and understands the "Special Tax Notice Regarding Plan Payments" and affirmatively elects to waive the 30-day notice period required by applicable income tax regulations.

PARTICIPANT'S SIGNATURE _____ **DATE** _____

CHECKLIST

PLEASE REVIEW YOUR APPLICATION CAREFULLY.

- ☐ Confirmed that your address on file matches your current address
- ☐ Made your selection on the frequency, start date and how much you would like your installments to be
- ☐ Selected a delivery method
- ☐ Made your tax elections
- ☐ Signed and dated this form

If you have any questions or need to obtain additional plan or account information, please go online at www.modeferredcomp.org or call the MO Deferred Comp Service Center at 1-800-392-0925 (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 7:00 A.M. to 7:00 P.M. Central Time (excluding stock market holidays).

If your application is complete, please mail or fax the application to:

VIA FAX

Attn: MO Deferred Comp
1-855-545-2212

VIA MAIL

Attn: MO Deferred Comp
P.O. Box 389
Hartford, CT 06141

VIA OVERNIGHT DELIVERY

Attn: MO Deferred Comp
One Orange Way
Windsor, CT 06095