



Distribution Request Form

READ THE ATTACHED IRS SPECIAL TAX NOTICE: IF YOUR PLAN ALLOWS FOR AN ANNUITY OPTION, READ THE WRITTEN EXPLANATION OF QUALIFIED JOINT AND 50% CONTINGENT SURVIVOR ANNUITY FORM OF BENEFIT BEFORE COMPLETING THIS FORM.

Please note: Do not use this form for:

- (1) Death Benefit Claim
- (2) Required Minimum Distribution
- (3) Hardship Withdrawal Request

INSTRUCTIONS AND INFORMATION FOR COMPLETING THIS FORM

This Form Must Be Completed And Signed By You (And Your Spouse If You Are Married And Your Plan Allows For Annuities) And The Plan Administrator, Trustee Or An Authorized Signer. If any information is missing or incomplete, you may be required to complete a new form or provide additional information before the distribution can be processed.

PARTICIPANT INSTRUCTIONS

1. Complete Sections A-H. If you do not have a Roth 401(k) Account, skip Section D. If you are married and your plan allows for annuities, complete Section H, Spousal Consent.
2. Your signature is required in Section I. *(Please note: A signature guarantee is required for distributions of \$150,000 or more.)*
3. Submit this form to your Employer for signature and processing. **Do not** mail this form directly to the Processing Center listed at the end of this form.

EMPLOYER INSTRUCTIONS

1. Complete Section J.
2. Your signature is required in Section J. *(Please note: A signature guarantee is required for distributions of \$150,000 or more.)*
3. Submit this form to the Processing Center

SECTION A. Participant Information — Please print

Company/Employer Name				Contract Number	
NYC Deputy Sheriff's Association				517544	
Social Security No.	Date of Birth (mmddyyyy)	Date of Hire (mmddyyyy)	E-mail Address		
- -	- -	- -			
Last Name			First Name/Middle Initial		
Street Address/Apt. No.				Phone No.	Ext. (if any)
				() -	
City	State	Zip Code	Marital Status		
			<input type="checkbox"/> Married <input type="checkbox"/> Not Married		

MAIL DELIVERY OF DISTRIBUTIONS

If no address is provided in Section A, the address on file will be used to process this request. All checks will be sent via First Class Mail unless the Overnight Mail box is checked below.

Send check overnight mail (UPS) and deduct \$40.00 from the check for express charges. \$80.00 will be deducted when two checks are required. (Example: One check sent to a rollover institution and one check to the participant). *Please note:* A street address must be provided.

Based on plan provisions, a distribution fee may be assessed at the time of processing. Please check with your Plan Administrator for any questions as to if a distribution fee may apply to your request.

SECTION B. Reason For Distribution Request — Must be completed OR skip this section if your employer checked off "plan termination" in Section J

Check the appropriate box below:

- | | |
|--|--|
| <input type="checkbox"/> Termination of employment
<input type="checkbox"/> Age 59 1/2 (if allowed by the Plan)
<input type="checkbox"/> In-service (if allowed by the Plan)
<input checked="" type="checkbox"/> Retirement | <input type="checkbox"/> Disability as determined by the Plan's fiduciary
<input type="checkbox"/> Withdrawal of After-Tax Contributions (if allowed by the Plan)
<input type="checkbox"/> Withdrawal of Rollover contributions (if allowed by the Plan)
<input type="checkbox"/> Payment to alternate payee under QDRO (Only Applies to Divorce Proceedings) |
|--|--|

Alternate Payee's SSN #	Name
- -	

SECTION C. Form of Payment For Traditional 401(k) Account - Only choose one of the three options

Option 1 (Rollover) - I am requesting a Direct Rollover of all or a partial amount of my Traditional 401(k) account.

¹ Partial amount to be rolled over: \$ _____

Direct Rollover to: (Select Only One)

_____ AN IRA OFFERED THROUGH Transamerica (Minimum rollover amount is \$20,000). If you are interested in the Rollover IRA option through Transamerica, call (866) 691-0030 to learn more and to establish an account. An IRA account number is required before the rollover can be processed.

_____ AN ELIGIBLE RETIREMENT PLAN (401(a), 401(k), 403(b), and Governmental 457)

_____ AN IRA

NEW ACCOUNT INFORMATION:

MAILING ADDRESS:

IRA Account Number <i>(Required)</i> / Plan Name	Name of Trustee or Custodian for the New Plan or IRA
Make Check Payable To:	Address – Number & Street
	City State Zip Code

Option 2 (Combination) - I am requesting a distribution of my Traditional 401(k) account to be paid partially to me **and** partially as a Direct Rollover.

I understand that the portion payable to me may be subject to 20% federal income tax withholding.

Distribute _____% of my Traditional 401(k) account:

_____ % of the above paid directly to me, and

_____ % of the above applied to the Direct Rollover Account indicated below.

The above two percentages must equal 100%

Direct Rollover to: (Select Only One)

_____ AN IRA OFFERED THROUGH Transamerica (Minimum rollover amount is \$20,000). If you are interested in the Rollover IRA option through Transamerica, call (866) 691-0030 to learn more and to establish an account. An IRA account number is required before the rollover can be processed.

_____ AN ELIGIBLE RETIREMENT PLAN (401(a), 401(k), 403(b), and Governmental 457)

_____ AN IRA

NEW ACCOUNT INFORMATION:

MAILING ADDRESS:

IRA Account Number <i>(Required)</i> / Plan Name	Name of Trustee or Custodian for the New Plan or IRA
Make Check Payable To:	Address – Number & Street
	City State Zip Code

Option 3 (Cash) - I am requesting a distribution of all or a partial amount of my Traditional 401(k) account. I am **not** electing a Direct Rollover of any portion of the distribution. I understand the check will be made payable to me and that the portion payable to me may be subject to 20% federal income tax withholding.

¹ Partial amount to be paid directly to me: \$ _____

¹ Actual Value of the distribution may vary based on the final market closing price at the time the distribution is processed, and any applicable processing fees.

PARTIAL DISTRIBUTION AMOUNTS - I understand that if I choose a partial amount in the options above, I am responsible for ensuring that partial distributions are completed by the shorter of my life expectancy or 15 years after the first partial distribution is made to me, as required by the Plan. I also understand that if I choose this option I may lose favorable tax treatment on my distributions

² DIRECT ROLLOVER

In a Direct Rollover, an eligible rollover distribution is paid from your retirement plan directly to an IRA or your new Employer's 401(a), 401(k), 403(b) or governmental 457 Plan. An IRS Form 1099-R will still be completed and submitted to the IRS; however, no federal or state income tax is withheld from amounts directly rolled over. The Direct Rollover check will be made payable to the IRA/plan trustee or custodian for the benefit of the participant or alternate payee unless otherwise indicated above.

SECTION E. Annuity Request (Not applicable to vested account under \$5000 or if your plan does not offer annuities)

Skip this section if you made an election in Section C or D.

By selecting this option your entire account balance will be distributed in order to purchase the annuity

Annuity: If the plan offers annuities as a form of benefit payment, I elect payment as a monthly annuity with payments to commence _____. Upon my death, my spouse's payments should be _____% (from 50% to 100%) of my payments. My spouse's date of birth is _____. Such annuity will be a Joint and Contingent Survivor Annuity if I am married and a Single Life Annuity if I am not married. I also understand that if I am married, my spouse need not consent to this election if I choose a Qualified Joint and Contingent Survivor Annuity ("QJSA").

SECTION F. Outstanding Loan Payoff Instructions — Skip this section if you do not have an outstanding loan or are requesting an In-Service Withdrawal, Withdrawal of After Tax Contributions, 591/2 Withdrawal or a QDRO.

If you have an outstanding loan please payoff the loan in full prior to submitting this Distribution Form. Submit a completed Distribution Form after you have submitted the loan payoff amount and the loan is paid in full.

Your outstanding loan balance will be defaulted and become taxable to you if the loan payoff is not processed prior to receiving a completed Distribution Form.

SECTION G. Income Tax Withholding

The income tax withholding requirements vary depending on whether or not the distribution requested is an eligible rollover distribution. Please see the attached Special Tax Notice for the definition of eligible rollover distribution and a detailed explanation of the federal income tax withholding rules. If you request a Direct Rollover, no federal income tax will be withheld from the amount directly rolled over.

FEDERAL INCOME TAX

Eligible Rollover Distributions:

If you request a Direct Rollover, no federal income tax will be withheld from the amount directly rolled over.

STATE INCOME TAX

If your address of record is within a mandatory withholding state, state taxes will be withheld from your distribution in accordance with the respective state rules. Other states allow an independent election and in these states, state tax will be withheld unless you elect otherwise. If your state does not allow withholding, no state tax can be withheld. Please consult a tax advisor or Transamerica if you have questions regarding state tax withholding.

- Do not withhold state income tax (ONLY IF INDEPENDENT ELECTION IS PERMITTED).
- Withhold state income tax: _____% (If your state requires a greater withholding percentage than what you have indicated, the mandatory state tax will apply).

SECTION H. Spousal Consent

Check with your Employer/Plan Administrator or Summary Plan Description to determine whether your plan is subject to spousal consent requirements. If spousal consent is required, complete this section. If your plan is not subject to spousal consent requirements, skip to Section I. **Please note:** You must have your spouse's signature notarized or have a plan representative witness your spouse's signature if your vested account balance is greater than \$5,000 and your plan provides for joint and survivor annuities. However, if your vested account balance is less than \$5,000 spousal consent is not required.

Spousal Consent

I, the undersigned spouse of the participant, have read the "Special Tax Notice Regarding Payments From Qualified Plans" provided to me and understand the effects of the waiver. I understand that federal law requires that the retirement benefit of my spouse must be paid under a Qualified Joint and Survivor Annuity Form as described in the attached "Special Tax Notice Regarding Payments From Qualified Plans," unless I consent otherwise in writing to another benefit form. I hereby consent to the waiver of the annuity and consent to the form of benefit elected by my spouse.

Signature of Participant's Spouse: _____ Date: _____

Statement of Plan Representative or Notary Public

The spouse whose signature I have witnessed is known to me and signed this form in my presence.

Plan Representative: _____ Date: _____

Notary Public Signature: _____ Date: _____

PLACE SEAL HERE (if applicable)

SECTION I. Participant Signature

Signature Guarantee – Place Medallion Stamp Below (Required if distribution is \$150,000 or more.)

A request for a withdrawal of \$150,000 or more requires that this completed form be stamped with a *medallion signature guarantee*. You can obtain a medallion signature guarantee from a financial institution such as a commercial bank, savings bank, credit union, or broker-dealer. **A notary is NOT a medallion signature guarantee.**

The original form, stamped with the medallion signature guarantee, must be presented to your Plan Administrator for approval.

Please note, for this purpose, the value of the withdrawal is based on the amount available (for full distributions and rollovers) on the date of processing and multiple withdrawal requests within a 14-day period that total \$150,000 or more will be subject to the medallion signature guarantee requirements.

Participant's Distribution is \$150,000 or more
Medallion Signature Guarantee – Place Medallion Stamp Below

PARTICIPANT SIGNATURE

My signature acknowledges that I have read, understand and agree to all the terms of this Distribution Request form, and affirm that all information that I have provided is true and correct. Further, I acknowledge that I have received the "Special Tax Notice Regarding Payments From Qualified Plans" and other required notices. The above information is true and correct to the best of my knowledge. I further understand that I may revoke this election at any time prior to the distribution taking place.



Signature of Participant

Date

PARTICIPANT: RETURN COMPLETED FORM TO YOUR PLAN ADMINISTRATOR FOR PROCESSING

SECTION J. For Completion by Plan Administrator, Trustee Or Authorized Signer Only

Plan Name

NYC Deputy Sheriff Association

Contract Number

517544

Sub ID/Division # (if applicable)

Participant's SSN #

- -

Participant's Termination Date (if applicable):

- -

The Participant is entitled to a vested benefit of _____% of company matching contributions.

The Participant is entitled to a vested benefit of _____% of profit sharing contributions.

Please refer to your Plan Document for the vesting schedule. If this information is not provided, the distribution will be processed with the data in Transamerica's recordkeeping system.

Is payment of this benefit subject to Plan Termination? No Yes

By signing below, I hereby authorize Transamerica to process the distribution described in this form. This request is in compliance with plan provisions.

If spousal consent is not provided, then in accordance with the terms and provisions of the plan and under the current law, spousal consent is not required for payment of the requested benefit.

If this request is for a disability distribution, I certify that the participant meets the requirements of Section 72(m)(7).

Only submit this form after final contributions and loan repayments have been processed for termination distributions

Once this form has been completed with all of the necessary information and required signatures, please forward to the Processing Center.

This form cannot be processed without the Plan Administrator, Trustee or Authorized Signer's signature.

Be sure to keep a copy for your records.



By: Signature of Plan Administrator, Trustee or Authorized Signer

Date



Print Name of Plan Administrator, Trustee or Authorized Signer

Date

FOR PLAN ADMINISTRATOR USE ONLY - MAIL TO: Processing Center: 4333 Edgewood Road NE, Mail Drop 0001, Cedar Rapids, IA 52499 Fax #: 866-846-2236