

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. GREAT-WEST TRUST COMPANY LLC GREAT-WEST RETIREMENT SERVICES PO BOX 173764 D999 DENVER, CO 80217-3764 1-800-338-4015			<input type="checkbox"/> CORRECTED (if checked) 1 Gross distribution \$44,486.49 2a Taxable amount \$0.00 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/> 3 Capital gain (included in box 2a) 4 Federal income tax withheld 5 Employee contributions/Designated Roth contributions or insurance premiums 6 Net unrealized appreciation in employer's securities 7 Distribution code(s) G IRA / SEP / SIMPLE 8 Other % 9a Your percentage of total distribution % 9b Total employee contributions 14 State tax withheld 15 State/Payer's state no. MO/17156360 17 Local tax withheld 18 Name of locality 10 Amount allocable to IRR within 5 years 11 1st year of design. Roth contrib. 12 FATCA filing requirement <input type="checkbox"/> Account number (see instructions) 95805 13 Date of payment		
			OMB No. 1545-0119 2021 Form 1099-R Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
			Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.		
			Copy C For Recipient's Records This information is being furnished to the IRS.		

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury-Internal Revenue Service

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. GREAT-WEST TRUST COMPANY LLC GREAT-WEST RETIREMENT SERVICES PO BOX 173764 D999 DENVER, CO 80217-3764 1-800-338-4015			<input type="checkbox"/> CORRECTED (if checked) 1 Gross distribution \$44,486.49 2a Taxable amount \$0.00 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/> 3 Capital gain (included in box 2a) 4 Federal income tax withheld 5 Employee contributions/Designated Roth contributions or insurance premiums 6 Net unrealized appreciation in employer's securities 7 Distribution code(s) G IRA / SEP / SIMPLE 8 Other % 9a Your percentage of total distribution % 9b Total employee contributions 14 State tax withheld 15 State/Payer's state no. MO/17156360 17 Local tax withheld 18 Name of locality 10 Amount allocable to IRR within 5 years 11 1st year of design. Roth contrib. 12 FATCA filing requirement <input type="checkbox"/> Account number (see instructions) 95805 13 Date of payment		
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GREAT-WEST TRUST COMPANY LLC
GREAT-WEST RETIREMENT SERVICES
PO BOX 173764 D999
DENVER, CO 80217-3764
1-800-338-4015

PAYER'S TIN RECIPIENT'S TIN
84-1455663 ***-**-2247

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
ARUN AGRAWAL
5105 FORUM BLVD
COLUMBIA, MO 65203-5698

10 Amount allocable to IRR within 5 years	11 1st year of design. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>
Account number (see instructions) 95891		13 Date of payment

Form 1099-R

CORRECTED (if checked)

1 Gross distribution \$41,820.83	OMB No. 1545-0119 2021 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount \$0.00	Total distribution <input checked="" type="checkbox"/>	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>	This information is being furnished to the IRS.
3 Capital gain (included in box 2a)	4 Federal income tax withheld	
5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
7 Distribution code(s) G IRA / SEP / SIMPLE	8 Other %	
9a Your percentage of total distribution %	9b Total employee contributions	
14 State tax withheld	15 State/Payer's state no. MO/17156360	16 State distribution
17 Local tax withheld	18 Name of locality	19 Local distribution
www.irs.gov/Form1099R		

Department of the Treasury-Internal Revenue Service

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
GREAT-WEST TRUST COMPANY LLC
GREAT-WEST RETIREMENT SERVICES
PO BOX 173764 D999
DENVER, CO 80217-3764
1-800-338-4015

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5105 FORUM BLVD
COLUMBIA, MO 65203-5698

10 Amount allocable to IRR within 5 years	11 1st year of design. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>
Account number (see instructions) 95891		13 Date of payment

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GREAT-WEST RETIREMENT SERVICES
PO BOX 173764 D999
DENVER, CO 80217-3764
1-800-338-4015

PAYER'S TIN RECIPIENT'S TIN
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COLUMBIA, MO 65203-5698

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Account number (see instructions) 95891		13 Date of payment

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2a Taxable amount \$0.00	Total distribution <input checked="" type="checkbox"/>	Copy 2 File this copy with your state, city, or local income tax return, when required.
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>	
3 Capital gain (included in box 2a)	4 Federal income tax withheld	
5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
7 Distribution code(s) G IRA / SEP / SIMPLE	8 Other %	
9a Your percentage of total distribution %	9b Total employee contributions	
14 State tax withheld	15 State/Payer's state no. MO/17156360	16 State distribution
17 Local tax withheld	18 Name of locality	19 Local distribution
www.irs.gov/Form1099R		

Department of the Treasury-Internal Revenue Service

Page 1 of 2

			<input type="checkbox"/> CORRECTED (if checked)			
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. GREAT-WEST TRUST COMPANY LLC GREAT-WEST RETIREMENT SERVICES PO BOX 173764 D999 DENVER, CO 80217-3764 1-800-338-4015			1 Gross distribution \$13,191.07		OMB No. 1545-0119 2021 Form 1099-R	
PAYER'S TIN 84-1455663			2a Taxable amount \$0.00		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code ARUN AGRAWAL 5105 FORUM BLVD COLUMBIA, MO 65203-5698			2b Taxable amount not determined		Total distribution <input type="checkbox"/>	
			3 Capital gain (included in box 2a)		4 Federal income tax withheld	
			5 Employee contributions/Designated Roth contributions or insurance premiums \$6,858.04		6 Net unrealized appreciation in employer's securities	
			7 Distribution code(s) H IRA / SEP / SIMPLE		8 Other %	
			9a Your percentage of total distribution %		9b Total employee contributions	
			14 State tax withheld		15 State/Payer's state no. MO/17156360	
10 Amount allocable to IRR within 5 years			11 1st year of design. Roth contrib. 2015		17 Local tax withheld	
Account number (see instructions) 95891			13 Date of payment		18 Name of locality	
					19 Local distribution	

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PAYER'S TIN 84-1455663			2a Taxable amount \$0.00		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
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			3 Capital gain (included in box 2a)		4 Federal income tax withheld	
			5 Employee contributions/Designated Roth contributions or insurance premiums \$6,858.04		6 Net unrealized appreciation in employer's securities	
			7 Distribution code(s) H IRA / SEP / SIMPLE		8 Other %	
			9a Your percentage of total distribution %		9b Total employee contributions	
			14 State tax withheld		15 State/Payer's state no. MO/17156360	
10 Amount allocable to IRR within 5 years			11 1st year of design. Roth contrib. 2015		17 Local tax withheld	
Account number (see instructions) 95891			13 Date of payment		18 Name of locality	
					19 Local distribution	

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			<input type="checkbox"/> CORRECTED (if checked)			
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RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code ARUN AGRAWAL 5105 FORUM BLVD COLUMBIA, MO 65203-5698			2b Taxable amount not determined		Total distribution <input type="checkbox"/>	
			3 Capital gain (included in box 2a)		4 Federal income tax withheld	
			5 Employee contributions/Designated Roth contributions or insurance premiums \$6,858.04		6 Net unrealized appreciation in employer's securities	
			7 Distribution code(s) H IRA / SEP / SIMPLE		8 Other %	
			9a Your percentage of total distribution %		9b Total employee contributions	
			14 State tax withheld		15 State/Payer's state no. MO/17156360	
10 Amount allocable to IRR within 5 years			11 1st year of design. Roth contrib. 2015		17 Local tax withheld	
Account number (see instructions) 95891			13 Date of payment		18 Name of locality	
					19 Local distribution	

Form 1099-R

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Department of the Treasury-Internal Revenue Service

Securian Life Insurance Company Minnesota Life Insurance Company 400 Robert Street North St. Paul, Minnesota 55101-2098		1 Gross distribution \$ 37,596.72	2a Taxable amount \$ 0.00	OMB No. 1545-0119 2021	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>	Form 1099-R	
		3 Capital gain (included in box 2a) \$ 0.00	4 Federal income tax withheld \$ 0.00		
PAYER TAX ID NUMBER 41-0417830	RECIPIENT TAX ID NUMBER XXX-XX-2247	5 Employee contributions/Designated Roth contributions or insurance premiums \$ 19,318.17	7 Distribution code(s) H		
BUSINESS UNIT CODE RSA 067154		IRA/SEP/SIMPLE <input type="checkbox"/>	9a Your percentage of total distribution 100 %	9b Total employee contributions \$ 0.00	COPY B Report this income on your federal return. If this form shows federal withholding in Box 4, attach this copy to your return.
RECIPIENT'S name, street address, city, state, and ZIP code AGRAWAL, ARUN 5105 FORUME BLVD COLUMBIA MO 65203-5698		RSA	10 Amount allocable to IRR within 5 years \$ 0.00	11 1st year of desig. Roth contrib. 2014	This information is being furnished to the Internal Revenue Service.
		Date of payment	15 State/Payer's state number MO	14 State income tax withheld \$ 0.00	
APOGEE MEDICAL GROUP, INC. 401(K) PLAN					

Securian Life Insurance Company Minnesota Life Insurance Company 400 Robert Street North St. Paul, Minnesota 55101-2098		1 Gross distribution \$ 37,596.72	2a Taxable amount \$ 0.00	OMB No. 1545-0119 2021	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>	Form 1099-R	
		3 Capital gain (included in box 2a) \$ 0.00	4 Federal income tax withheld \$ 0.00		
PAYER TAX ID NUMBER 41-0417830	RECIPIENT TAX ID NUMBER XXX-XX-2247	5 Employee contributions/Designated Roth contributions or insurance premiums \$ 19,318.17	7 Distribution code(s) H		
BUSINESS UNIT CODE RSA 067154		IRA/SEP/SIMPLE <input type="checkbox"/>	9a Your percentage of total distribution 100 %	9b Total employee contributions \$ 0.00	COPY 2 File this copy with your state tax return when required.
RECIPIENT'S name, street address, city, state, and ZIP code AGRAWAL, ARUN 5105 FORUME BLVD COLUMBIA MO 65203-5698		RSA	10 Amount allocable to IRR within 5 years \$ 0.00	11 1st year of desig. Roth contrib. 2014	14 State income tax withheld \$ 0.00
		Date of payment	15 State/Payer's state number MO	State EIN 14284421	
APOGEE MEDICAL GROUP, INC. 401(K) PLAN					

Securian Life Insurance Company Minnesota Life Insurance Company 400 Robert Street North St. Paul, Minnesota 55101-2098		1 Gross distribution \$ 37,596.72	2a Taxable amount \$ 0.00	OMB No. 1545-0119 2021	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>	Form 1099-R	
		3 Capital gain (included in box 2a) \$ 0.00	4 Federal income tax withheld \$ 0.00		
PAYER TAX ID NUMBER 41-0417830	RECIPIENT TAX ID NUMBER XXX-XX-2247	5 Employee contributions/Designated Roth contributions or insurance premiums \$ 19,318.17	7 Distribution code(s) H		
BUSINESS UNIT CODE RSA 067154		IRA/SEP/SIMPLE <input type="checkbox"/>	9a Your percentage of total distribution 100 %	9b Total employee contributions \$ 0.00	COPY C For your records.
RECIPIENT'S name, street address, city, state, and ZIP code AGRAWAL, ARUN 5105 FORUME BLVD COLUMBIA MO 65203-5698		RSA	10 Amount allocable to IRR within 5 years \$ 0.00	11 1st year of desig. Roth contrib. 2014	14 State income tax withheld \$ 0.00
		Date of payment	15 State/Payer's state number MO	State EIN 14284421	

If you have questions on the above information, please call 1-800-233-2881, hold for assist
The amount in box 1 represents 2021 retirement account distribution(s).



CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.
PRUDENTIAL INSURANCE CO OF AMERICA
PRUDENTIAL RETIREMENT
30 SCRANTON OFFICE PARK
SCRANTON, PA 18507-1796
 800-392-4643

PAYER'S TIN RECIPIENT'S TIN
 22-1211670 XXX-XX-3114

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
ROOPALI MITTAL MD
5105 FORUM BLVD
COLUMBIA, MO 65203

10 Amount allocable to IRR within 5 years \$	11 1st year of design. Roth contrib. Account number (see instructions) 002415	12 FATCA filing requirement TRACKING #: 87435386T1
--	--	--

1 Gross distribution \$ 100,343.22	OMB No. 1545-0119
2a Taxable amount \$ 0.00	2021
	Form 1099-R

2b Taxable amount not determined	Total distribution <input checked="" type="checkbox"/>
---	--

3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$
--	--

5 Employee contributions/Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$
7 Distribution code(s) <input checked="" type="checkbox"/> G	8 Other %

9a Your percentage of total distribution %	9b Total employee contributions \$
--	--

14 State tax withheld \$	15 State/Payer's state no. MO / 11270403
17 Local tax withheld \$	18 Name of locality 19 Local distribution \$

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy B
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Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.
PRUDENTIAL INSURANCE CO OF AMERICA
PRUDENTIAL RETIREMENT
30 SCRANTON OFFICE PARK
SCRANTON, PA 18507-1796
 800-392-4643

PAYER'S TIN RECIPIENT'S TIN
 22-1211670 XXX-XX-3114

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
ROOPALI MITTAL MD
5105 FORUM BLVD
COLUMBIA, MO 65203

10 Amount allocable to IRR within 5 years \$	11 1st year of design. Roth contrib. Account number (see instructions) 002415	12 FATCA filing requirement TRACKING #: 87435386T1
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1 Gross distribution \$ 100,343.22	OMB No. 1545-0119
2a Taxable amount \$ 0.00	2021
	Form 1099-R

2b Taxable amount not determined	Total distribution <input checked="" type="checkbox"/>
---	--

3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$
--	--

5 Employee contributions/Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$
7 Distribution code(s) <input checked="" type="checkbox"/> G	8 Other %

9a Your percentage of total distribution %	9b Total employee contributions \$
--	--

14 State tax withheld \$	15 State/Payer's state no. MO / 11270403
17 Local tax withheld \$	18 Name of locality 19 Local distribution \$

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

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For Recipient's Records

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Department of the Treasury - Internal Revenue Service

PLAN NAME: MIAMI CHILDREN'S HOSP RET PLN

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.
PRUDENTIAL INSURANCE CO OF AMERICA
PRUDENTIAL RETIREMENT
30 SCRANTON OFFICE PARK
SCRANTON, PA 18507-1796
 800-392-4643

PAYER'S TIN RECIPIENT'S TIN
 22-1211670 XXX-XX-3114

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
ROOPALI MITTAL MD
5105 FORUM BLVD
COLUMBIA, MO 65203

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1 Gross distribution \$ 100,343.22	OMB No. 1545-0119
2a Taxable amount \$ 0.00	2021
	Form 1099-R

2b Taxable amount not determined	Total distribution <input checked="" type="checkbox"/>
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3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$
--	--

5 Employee contributions/Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$
7 Distribution code(s) <input checked="" type="checkbox"/> G	8 Other %

9a Your percentage of total distribution %	9b Total employee contributions \$
--	--

14 State tax withheld \$	15 State/Payer's state no. MO / 11270403
17 Local tax withheld \$	18 Name of locality 19 Local distribution \$

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy 2

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