



SN3B 87238 300000168052016

HUNTER YORK
145 GARDEN LANE
TUPELO MS 38804

Confirmation 212221448A1LK
Request ID 300000168052016
Transaction FULL PAYOUT-SPONSOR
DIRECTED
Plan Number 87238
Plan Name UW VIP

Don't let your request expire! Complete, **SIGN** and return **ALL** pages of this application in time to arrive by 11/17/2021.

Questions? Go to <http://NetBenefits.com/UW> or call 800-343-0860

Full Distribution - Rollover

Helpful To Know

- If the market value of your account changes before your request is processed, your distribution could be different than the amount shown on this form.
- Workplace retirement plan distributions may have tax consequences. You may want to consult a tax or financial professional.
- You MUST certify your marital status on this form.
- Federal tax regulations and your plan require your spouse's consent for your request. Fidelity cannot process your request without your spouse's consent being witnessed by either a notary public or the plan administrator's representative.

Distribution Details

Terms of Request

Request Date	08/10/2021
Amount Requested	Full Vested Account Value
Rollover Amount	\$49,822.47

Delivery and Fees

Delivery Method	<i>Timings are estimates, not guarantees, and start when Fidelity receives all your required materials.</i>
Rollover Amount	Check <i>Sent by regular mail to your mailing address. Allow 7 business days.</i>

Values *Could be different if your account value changes.*

Requested Rollover Amount	\$49,822.47
Estimated Total Transaction Amount	\$49,822.47

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Receiving Account Details

The table below shows the type and estimated amount of assets for this transaction, as well as the account type(s) appropriate to receive them. You must open account(s) to receive each type of asset, unless you did so after making your distribution request. Make sure that you open account(s) that are consistent with the table below. You will receive check(s) from Fidelity for each Receiving Account Type indicated, addressed for your benefit (FBO) to the financial institution(s) that you specified.

Asset-Type Amounts in Your Rollover Distribution

Asset Type	Estimated Amount	Receiving Account Types	Third Party Trustee
Roth after-tax	\$34,439.82	Roth IRA	PARNASSUS FUNDS
Roth Pre-Tax	\$14,924.33	Roth IRA	PARNASSUS FUNDS
Pre-tax	\$458.32	Rollover IRA	PARNASSUS FUNDS

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Marital Status Verification Indicate Marital Status

☒ Not married ☐ Married *Your spouse must sign this form.*

Spouse's Consent Spouse to complete. Required by federal tax regulations and by the terms of your plan.

By signing below, you, the participant's spouse:

- Voluntarily consent to the transactions(s) indicated on this form, knowing that the participant's request is not valid without your consent.
- Acknowledge that you cannot take back your consent once this transaction has been processed.
- Acknowledge that the participant's waiver of a qualified joint and survivor annuity, if applicable, is not valid without your consent.
- Acknowledge that you may be giving up your right to receive assets from this transaction that would otherwise go to you upon the participant's death.
- Notary services must be from a United States notary, military officer, or consulate.

Spouse Notarized Signature or in the presence of Plan Administrator.

Spouse Signature

SIGN

Certificate of Acknowledgement of Notary Public or Plan Representative Witness

On this _____ day of _____, 20____ before me, the undersigned notary public, the above named individual proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document and acknowledged to me that (he)(she) signed for its stated purpose.

Seal impression must be photo-reproducible

Print Notary Name

NOTARY SEAL/STAMP

Notary Signature

Date MM DD YYYY

SIGN

My commission expires ____/____/____.

Plan Representative Signature

Date MM DD YYYY

SIGN

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Signature and Date You must sign and date.

By signing below, you:

- Acknowledge that this distribution waives the remainder of your 30 day period to review the notice explaining the plan's rollover rules.
- Certify that all information you have provided is authentic and correct to the best of your knowledge.
- Authorize Fidelity to act on all instructions given on this form.
- Acknowledge that you have received the *Forms of Benefit Notice* and the *Notice of the Waiver of the Qualified Joint and Survivor Annuity*, if applicable.
- Certify that you have received and read the *Participant Distribution and Tax Notice*, which explains various options for taking a distribution, as well as the potential tax consequences of each option.

Your Name HUNTER YORK

Your Signature Required	Date MM DD YYYY	Daytime Phone Number NNN-NNN-NNNN
	08/10/2021	6624016497

AVOID PROBLEMS WITH YOUR REQUEST!

Use this checklist to be sure your request is complete:

- ☐ SIGN the form.
- ☐ You must certify your marital status on this form.
- ☐ Have your spouse sign the form in the presence of a notary.
- ☐ Remember to return the ENTIRE application including the first page.

Still have questions?

Call 800-343-0860 (TTY, 1-800-610-4015), business days (except NYSE holidays) from 8:00 a.m. - midnight ET or go to <http://NetBenefits.com/UW>.

Ways to Return This Form to Fidelity:

Electronically

Use the Send a Document Action found in the NetBenefits Mobile apps. under Actions Menu.

Regular mail

Fidelity Investments
PO Box 770003
Cincinnati, OH 45277-0065

Overnight mail

Fidelity Investments
100 Crosby Parkway KC1F
Covington, KY 41015

FAX 1-800-347-2805

Make sure the notary seal for your spouse's signature is either inked or shaded. Allow 2 hours for our system to validate receipt of your document (if sending electronically or faxing after 4:00PM Eastern Time, allow until the next business day). An automatic confirmation will be sent to the email address we have on file for you.

On this form "Fidelity" shall mean Fidelity Investments Institutional Operations Company, Inc., 82 Devonshire St., Boston, MA 02109 644061.1.0 (09/2013)

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