

Fidelity Investments Distribution Form

Use this form if you wish to request a distribution from your employer's retirement plan.

Questions: If you would like more information about distributions, including general tax implications, please call 800-343-0860 or for the hearing impaired (TTY) 800-259-9743, Monday through Friday (except for New York Stock Exchange holidays), 8 a.m. to midnight Eastern time.

STEP 1 PARTICIPANT INFORMATION

A. Your Information

Please complete all required fields highlighted in RED.

Social Security #:

or U.S. Tax ID #

Date of Birth

Single

Married

Full Name:

Address:

City and State:

Zip:

Daytime Phone:

Evening Phone:

B. The Employer Sponsoring the Plan from Which You Are Requesting This Distribution

The distribution may require an authorized signature by the employer sponsoring the plan. Please see the instructions for Step 7 for more details.

Name of Employer Sponsoring the Plan:

C. Applicable Plans

Please indicate the plans from which you would like a distribution. Fidelity will process for the plan-type indicated below [403(b), 401(k), or 401(a)] even if the plan number listed is not correct. Please indicate your plan number, if known.

403(b) Plan #(s):

401(k) Plan #(s):

401(a) Plan #(s):

If you indicate more than one plan number in this section, the distributions will be treated the same per your direction in Steps 3 and 4. Please submit a second form if you wish your plans to be treated differently.

STEP 2 REASON FOR DISTRIBUTION

Indicate a reason for the distribution:

- Attainment of age 59½
- Separation from service/termination from employment
- Disability
- In-service withdrawal Check with your employer before selecting this option. Most plans do not allow in-service withdrawals.
- Financial hardship (employer authorization is required)
- Beneficiary account
- Qualified Domestic Relations Order (QDRO) alternate payee account

STEP 3 PAYOUT REQUEST

Complete only one section: Section A. Single Payment; Section B. Systematic Payment; or Section C. Combination Payment. If you do not request a rollover, taxes may be withheld. See Step 5 for income tax withholding information.

A. Single Payout

Complete this section if you would like all of your distributed funds to be treated the same way. Complete only one option below (either Full Payout or Partial Payout). Then, skip to Step 4.

Full Payout 100% of the funds in your account will be distributed via the method indicated below.

(If you do not check a box below, Fidelity will distribute the funds made out to you.):

Pay directly to me.

Deposit into a Fidelity non-retirement account. Account # _____

Roll over the entire amount. (Check one box below and complete information on the investment provider.):

Traditional IRA* OR

Roth IRA* OR

Employer-sponsored retirement account**

Provide the receiving investment provider's name: _____

*If this is a Fidelity traditional IRA or a Fidelity Roth IRA Account, please provide the account number. # _____ .

**If this is a Fidelity employer-sponsored account, please provide the plan name and number (if known):

_____, # _____ .

Partial Payout A portion of the funds in your account will be withdrawn.

(Select one Amount and one Method below. Complete the information for the Amount and for the Method that you select.):

Amount:

Dollar Amount. I request that this amount \$_____ be withdrawn from my account. (This amount will be taken proportionately across all funds and sources available for withdrawal.), OR

Percent. I request that _____% be withdrawn from my account. (This amount will be taken proportionately across all fund and source available for withdrawal.)

Specific sources/funds. I request that the source(s) or fund(s) indicated below be withdrawn from my account. (Select a source and

From Source (Check one): Pretax After-Tax Roth

Amount: 100% OR \$ _____

Fund # or Name: _____

Continued on next page.

STEP 3 PAYOUT REQUEST (CONTINUED)

Amount (continued):

From Source (Check one): Pretax After-Tax Roth

Amount: 100% OR \$ **Fund # or Name:**

From Source (Check one): Pretax After-Tax Roth

Amount: 100% OR \$ **Fund # or Name:**

Check here if additional fund selections are attached.

Method:

The amount indicated above will be distributed via the method indicated below. (Check one of the three boxes below and complete the information for that box. If you do not check a box below, the "Pay directly to me box" will apply.)

Pay directly to me.

Deposit into a Fidelity nonretirement account. Account #

Roll over the entire amount. (Check one box below and complete information on the investment provider.):

Traditional IRA* OR

Roth IRA* OR

Employer-sponsored retirement account**

Provide the receiving investment provider's name: _____

*If this is a Fidelity traditional IRA or a Fidelity Roth IRA Account, please provide the account number. #

**If this is a Fidelity employer-sponsored account, please provide the plan name and number (if known):

_____, #

B. Systematic Payout

Complete this section if you would like a recurring automatic payment paid from the account(s) listed in Step 1C. If you indicated more than one plan, the amount indicated below will be taken proportionately from the plans listed. (Systematic Withdrawal Payments are not available for financial hardships or rollover. If you require a Systematic Payment for a Minimum Required Distribution, please complete the Participant/Retiree Minimum Required Distribution Form.)

Specific Dollar Method

Pay me \$ Monthly OR 2 per month OR Quarterly OR Annually

Beginning:

Withdraw proportionally across all available investment options.

Withdraw from single fund number or name:

(Systematic Withdrawal Payments may be discontinued if your single fund's available balance cannot support the payment amount.)

OR

Specific Period Method

(proportionately across all available funds)

Beginning:

Monthly OR 2 per month OR Quarterly OR

Annually, for years Continued on next page.

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STEP 3 PAYOUT REQUEST (CONTINUED)

C. Combination Payout

Please complete this section if you would like a cash payment and a rollover, or if you would like two or more rollovers.

Source information (Please only complete the section(s) below that are applicable to your account.):

Pretax 100% of the funds in your account will be distributed via the method indicated below. (If you do not check a box below, Fidelity will distribute the funds made out to you.):

Pay directly to me.

Deposit into a Fidelity non-retirement account. Account #

Roll over ____ % and pay the remainder to me. (If no percentage indicated, rollover will be for entire amount.) Check one box below and complete information on the investment provider:

Traditional IRA* OR

Roth IRA* OR

Employer-sponsored retirement account**

Provide the receiving investment provider's name: _____

*If this is a Fidelity traditional IRA or a Fidelity Roth IRA Account, please provide the account number. #

**If this is a Fidelity employer-sponsored account, please provide the plan name and number (if known):

_____, #

After-Tax Your after-tax contributions to be paid out as follows (This election will apply to your after-tax contribution amount only. Any earnings on your contributions are considered taxable income. Please use the Pretax section above to indicate how earnings on your after-tax contributions should be distributed.):

Pay directly to me.

Deposit into a Fidelity non-retirement account. Account #

Roll over the entire amount. (Check one box below and complete information on the investment provider.):

Traditional IRA* OR

Roth IRA* OR

Employer-sponsored retirement account**

Provide the receiving investment provider's name: _____

*If this is a Fidelity traditional IRA or a Fidelity Roth IRA Account, please provide the account number. #

**If this is a Fidelity employer-sponsored account, please provide the plan name and number (if known):

_____, #

Roth Roth contributions to be paid out as follows:

Pay directly to me.

Deposit into a Fidelity non-retirement account. Account #

Roll over the entire amount. (Check one box below and complete information on the investment provider.):

Roth IRA* OR

Employer-sponsored retirement account that accepts Roth funds**

Provide the receiving investment provider's name: _____

*If this is a Fidelity Roth IRA Account, please provide the account number. #

**If this is a Fidelity employer-sponsored account, please provide the plan name and number (if known):

_____, #

STEP 4 INDICATE HOW YOU WOULD LIKE TO RECEIVE THE PAYMENT(S)

Complete this section if you elected to have funds paid out to you, if you selected a Systematic Withdrawal Payment, or if you requested a rollover to a vendor other than Fidelity.

By Check (You should receive your check in 7–10 business days from the date of distribution.)

By check sent by an express delivery service (NOT available for Systematic Withdrawal Plan). I understand that a fee of not more than \$35 will be deducted from my account. This check cannot be delivered to a P.O. Box.

Electronic Funds Transfer (EFT) (also known as Direct Deposit) requires up to a 15-day period prior to processing a distribution.

Complete an EFT application and attach a voided check. *Note:* If your plan is not set up for distributions via EFT, you will receive your distribution by check.

Alternate address for check mailing only

If you need to have your check sent to an address other than your address of record, please complete this section. This will not change your address of record indicated in Step 1, or your state of residence for state income tax purposes.

First Name:

Last Name:

Mailing Address:

Address Line 2:

City:

State:

Zip:

Daytime Phone:

A **signature guarantee** (see Step 8) is required when you select an alternate address if plan sponsor approval of the distribution is not required (Step 7).

You may obtain a signature guarantee from a bank, broker, dealer, municipal securities dealer, government securities broker, credit union (if authorized under state law), national securities exchange, registered securities association, clearing agency, or savings association. Please inform the person providing the signature guarantee of the approximate amount of the distribution.

STEP 5 INCOME TAX WITHHOLDING

Payments subject to withholding are either taxable eligible rollover amounts or taxable non eligible rollover amounts. Please refer to the instructions for more information on mandatory withholding and default withholding.

Federal Income Taxes

I elect **not** to have federal income taxes withheld from my taxable distribution. (**Eligible rollover amounts not directly rolled over are subject to mandatory withholding of 20% for federal income taxes. A payee cannot elect out of this withholding.**)

I elect to have a total of _____ % withheld for federal income taxes.

Taxable distributions to nonresident aliens are subject to 30% withholding unless a valid IRS Form W-8BEN is submitted to claim no withholding or a reduced rate of withholding on the distribution.

State Income Taxes

I elect not to have state income taxes withheld from my distribution. (Please note that some states require state income taxes to be withheld. Fidelity will withhold state income taxes for these states unless this form is accompanied by a W-4P form.)

I elect to have state income taxes withheld according to state tax tables. (Please note that Fidelity is unable to withhold additional state taxes.)

If you are under age 59½, a 10% early distribution tax penalty may apply to the taxable amount not rolled over to an IRA, or another retirement plan, unless you qualify for an exemption from the penalty.

Please understand that you may owe additional taxes in addition to the amount withheld.

STEP 6 SPOUSAL CONSENT

You should check with Fidelity Investments or the employer who sponsored the plan or plans named in Step 1 to determine if a married participant is required to obtain consent from a spouse in order to request a distribution. If spousal consent applies, the person named in Step 1A must check the box for either Single or Married. Spousal consent does not apply to distributions from beneficiary accounts or QDRO alternate payee accounts.

Single - I certify under penalties of perjury that I am not married as of the date that this form is signed. I understand that if I marry after this date, but before distribution commences, the rules for married individuals will apply to me.

Married - I certify that I am married and that distributions must be made to me in the form of a **qualified** joint and survivor annuity, unless I have elected another form of distribution and my spouse signs the spousal consent section below in the presence of a notary public (or plan representative, if authorized by my plan).

To be completed by the Participant's spouse:

I am the spouse of the participant named in Step 1. I hereby consent to the election of distribution as indicated by my spouse, to have benefits paid in the form specified rather than in the form of a qualified joint and survivor annuity. Further, I hereby acknowledge that I understand: (1) that the effect of my consent may result in the forfeiture of benefits I would be entitled to receive upon my spouse's death; (2) that my spouse's waiver of a qualified joint and survivor annuity, if applicable, is not valid unless I consent to it; (3) that my consent is voluntary, and is irrevocable unless my spouse revokes the waiver; and (4) that my consent must be witnessed by a notary public or plan representative. I understand that if the distribution described in this form is not processed within 180 days of the date I sign this form, my consent expires.

Signature of Participant's spouse:

Date:

X

□□-□□-□□□□

To be completed by a notary public: **Note: A signature guarantee cannot be substituted for a notary.**

Sworn before me this day

□□-□□-□□□□

In the State of

□□

, County of

□□□□□□

Notary Public Signature:

X

Notary stamp must be in the above box

My Commission Expires:

□□-□□-□□□□

Some states require that the Notary Public indicate the expiration date in order for the Notary to be valid. If this is a requirement for the state listed above and is not included below, your spouse's consent will not be considered valid until the expiration date is received.

Or, witnessed by Plan Representative:

(if provided for under the terms of the plan or plans named in Steps 1B and 1C):

Date:

X

□□-□□-□□□□

Please print name of authorized Plan Representative signing above:

First and Last Name of Plan Representative:

X

STEP 7 PLAN SPONSOR APPROVAL

Please call a Fidelity Retirement Specialist or ask the employer sponsoring the plan if plan sponsor approval is required. A financial hardship distribution requires employer approval. The distribution requested on this form may be subject to plan sponsor approval even if you are no longer employed by the sponsoring employer listed in Step 1.

On behalf of

(name of Participant)

Date of Hire:

Termination Date:

Vesting Percentage:

%

I acknowledge that the distribution requested on this form for the reason(s) indicated in Step 2 of this form is permitted under the terms of the employer's plan. In addition, my name is on record with Fidelity to sign on behalf of the employer sponsoring this plan.

**Authorized Signature
of Plan Sponsor:**

X

Date:

--

Please print name of authorized individual signing above:

First and Last Name:

STEP 8 YOUR SIGNATURE

Please carefully read each bullet-point below and sign in the appropriate space.

- If I am a U.S. citizen or other U.S. person (including a resident alien individual), I hereby certify, under penalties of perjury, that the Social Security number or U.S. taxpayer identification number is correct and valid.
- If I am a nonresident, I have attached U.S. Form W-8BEN and included my U.S. taxpayer identification number in order to claim tax treaty benefits, if applicable. I understand that if I have not attached form W-8BEN, 30% of the taxable distribution will be withheld for United States federal income taxes.
- To the extent that I have requested that my pretax funds be rolled over into a Roth IRA, I understand that the taxable amount rolled over is taxable income.
- I acknowledge that I received and understood the Special Tax Notice and, when applicable, the Participant Distribution Notice and the Qualified Joint and Survivor Notice.
- I acknowledge that if I select a method where two or more withdrawals apply that each withdrawal may be paid on a different business day and that the market value will be determined on the day of the withdrawal.
- I understand that redemption fees may apply, contingent on the funds held in my account, and may lower my distribution amount. Please consult your fund prospectus for short-term redemption fee details.

I acknowledge: 1) when I am issued a check or a distribution as an electronic fund transfer, that my investments are being redeemed, 2) when I request a direct rollover to a non-Fidelity IRA or to another Fidelity employer-sponsored retirement plan that my investments are being redeemed, 3) when my direct rollover is to a Fidelity Roth IRA, that my investments are being redeemed and the proceeds will be deposited in a money market fund, and 4) when my direct rollover is to a traditional Fidelity IRA, that Fidelity mutual funds and eligible non-Fidelity funds are being transferred in kind and all other investments are being redeemed and the proceeds will be deposited in a money market fund.

Your Signature:

X

Date:

--

Person named in Step 1A.

☐ Check this box if you are signing this form as an agent under a Power of Attorney, Guardian, or Conservator. Your authority to sign this form must be on file with Fidelity.

STEP 8 YOUR SIGNATURE (CONTINUED)

A **signature guarantee** is required if plan sponsor approval of the distribution is not required (Step 6) and:

- The amount of the distribution is over \$100,000*, OR
- The distribution is not sent to the address of record, OR
- Your address has changed within the last 15 days

* A signature guarantee for a distribution over \$100,000 does not apply when the payment is going to a Fidelity IRA, Fidelity Roth IRA or a Fidelity non retirement account when that account has the same name and address currently on record for the plan named in Step 1.

If the guarantee stamp to the right is not a Medallion signature guarantee, print the name of the person issuing the guarantee, his or her phone number, and the amount of the signature guarantee:

The amount of the signature guarantee must meet or exceed your distribution amount. Guarantees for less than the distribution amount will delay your request.

Place signature guarantee stamp in box.

Note: A notary public cannot provide a signature guarantee.

To avoid possible delays in processing your request, please refer to the instructions.

STEP 9 INSTRUCTIONS

For Fidelity Use Only

Prefix Degree of Liability

- Z \$10,000,000
- Y \$5,000,000
- X \$2,000,000
- A \$1,000,000
- B \$750,000
- C \$500,000
- D \$250,000
- E \$100,000
- F \$100,000 (Credit Unions)

Medallion Level

Instructions: Return this form, unless otherwise directed, to:

Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090

If you wish to send your form overnight, please ship to: Fidelity Investments, 100 Crosby Parkway, KC1E, Covington, KY 41015.

Here is a checklist to ensure that your request is in good order. Please verify that you have provided:

- | | | |
|---|---|---|
| <input type="checkbox"/> Reason for Distribution | <input type="checkbox"/> Employer Signature if applicable | <input type="checkbox"/> Marital Status (If married, spousal consent if applicable) |
| <input type="checkbox"/> Payout Request Information | <input type="checkbox"/> Your Original Signature | |
| <input type="checkbox"/> SSN or U.S. Tax ID # | | |

