



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). 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.

If your distribution will be sent to an address outside of the United States, Puerto Rico, the U.S. Virgin Islands or Guam, you must also submit either an IRS Form W-9 to certify you are a U.S. person or a Form W-8BEN if you are a non-resident alien with respect to the U.S. To obtain these forms or for assistance in determining which form you should submit, please go to the IRS website at www.irs.gov or consult with a tax advisor. If you do not submit one of these forms along with this form, 30% tax withholding will be applied to your distribution.

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 Transamerica Plan Administration Service Support (PASS) for signature and processing. Mailing information is listed in Section I of this form.

SECTION A. Participant Information - Please print

Company/Employer Name <u>Stadler US</u>		Contract Number	
Social Security Number <u>647 - 30 - 0872</u>		Date of Birth (MM-DD-YYYY) <u>04 - 10 - 1996</u>	
Last Name <u>Davis DC</u>		First Name <u>Harry</u>	
Street Address/Apt. No. <u>1924 S 300 E</u>		City <u>Salt Lake City</u>	
Phone Number <u>(801) 505-1270</u>		State <u>UT</u>	
Email Address <u>davis3.harry@gmail.com</u>		Zip Code <u>84115</u>	
Marital Status: <input type="checkbox"/> Married <input checked="" type="checkbox"/> Not Married		MI <u>8</u>	

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 A fee (up to \$50) will be deducted from your account. 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:

- ☒ Termination of employment
- ☐ Age 59 ½ (if allowed by the Plan)
- ☐ In-service (if allowed by the Plan)
- ☐ Retirement
- ☐ Disability as determined by the Plan's fiduciary
- ☐ Withdrawal of After-Tax Contributions (if allowed by the Plan)
- ☐ Withdrawal of Rollover contributions (if allowed by the Plan)
- ☐ 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

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 (Required) / 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 unless you select a percentage greater than 20% on IRS Form W-4R.

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 (Required) / 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 unless you select a percentage greater than 20% on IRS Form W-4R.

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

*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.

2DIRECT 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 D. Form of Payment for Roth 401(k) Account - Complete only if your plan allows for Roth Contributions. Only choose one of the three options

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

Partial amount to be rolled over: \$ _____

Direct Rollover to (Select Only One):

☐ A ROTH 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.

☒ A DESIGNATED ROTH ACCOUNT (401(k), 403(b)) OR ROTH IRA

NEW ACCOUNT INFORMATION:

MAILING ADDRESS:

ROTH IRA Account Number (Required) / Plan Name	39400001220918476 / Roth IRA
Name of Trustee or Custodian for the New Roth 401(k) or Roth IRA	Harry B Davis III
Make Check Payable To:	Fidelity Management Trust Company
Address - Number & Street	1924 S 300 E
City	Salt Lake City
State	UT
Zip Code	84115

☐ Option 2 (Combination) - I am requesting a distribution of my Roth 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 unless I select a percentage greater than 20% on IRS Form W-4R.

Distribute _____ % of my Roth 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):

☐ A ROTH 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.

☐ A DESIGNATED ROTH ACCOUNT (401(k), 403(b)) OR ROTH IRA

NEW ACCOUNT INFORMATION:

MAILING ADDRESS:

ROTH IRA Account Number (Required) / Plan Name	Name of Trustee or Custodian for the New Roth 401(k) or Roth 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 Roth 401(k) account. I am not electing a Direct Rollover or 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 unless I select a percentage greater than 20% on IRS Form W-4R.

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

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.

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.

For participants required to take a minimum distribution during the current year that was not satisfied, please note the following: Your required minimum distribution (RMD) for the current year will need to be completed and made payable to you prior to the processing of your direct rollover request.



SECTION E. Annuity Request (Not applicable to vested account under \$5,000 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").

I understand that if I request a periodic payment payable over a period of 10 years or more, withholding will be based on a filing status of single with no adjustments unless I make a different election on IRS Form W-4P.

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, 59 ½ 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

Withholding is determined by the type of distribution and if you make an independent election to have a different rate apply. If you do not make a separate election, the following default withholding will apply:

Eligible Rollover Distributions: If you request a Direct Rollover, no federal income tax will be withheld from the amount directly rolled over. If you request a cash distribution, 20% withholding will apply unless you select a percentage greater than 20% on IRS Form W-4R.

Periodic Payments: If you request a periodic payment payable over a period of 10 years or more, withholding will be based on a filing status of single with no adjustments unless you make a different election on IRS Form W-4P.

The IRS Form W-4R and IRS Form W-4P can be found at <https://www.irs.gov/pub/irs-pdf/w4r.pdf> and <https://www.irs.gov/pub/irs-pdf/w4p.pdf> from www.irs.gov. If the appropriate form is not included, the default withholding, as described above, will apply.

STATE INCOME TAX

The state of withholding will be presumed to be the state that has been provided in your address as previously provided on the form. Tax withholding rules vary by state. More likely than not, your home state (a) requires a minimum withholding amount when federal withholding is required, (b) requires withholding unless you can opt out, (c) allows a voluntary withholding election, or (d) does not have state income tax and does not permit withholding. Unless requested, state withholding will not be deducted for states with voluntary withholding. Some states require the completion of their State Withholding Certificate to make an independent election. Consult with your tax advisor or state revenue department to obtain the most up-to-date information and to confirm if your state's withholding form is required to be submitted. If permitted by your state, please select one of the options below.

☒ **NO, I ELECT NOT TO HAVE STATE INCOME TAX WITHHELD**

☐ **YES, I ELECT TO HAVE _____% AS STATE INCOME TAX WITHHELD**

☐ **YES, I ELECT TO HAVE \$_____ (WHOLE DOLLAR ONLY) AS STATE INCOME TAX WITHHELD**

☐ **YES, I ELECT TO HAVE STATE INCOME TAX WITHHELD USING THE DEFAULT FILING STATUS AS PER MY STATE OF RESIDENCE**

WITHHOLDING CERTIFICATE (Note: ONLY CHECK THIS BOX FOR PERIODIC PAYMENTS WITHHOLDING).

NOTE: Withholding may be greater if the amount you select is less than the minimum required. Withholding will be processed for states that require withholding or do not allow you to opt out without your state's form.



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: _____

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: _____

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

"Participants will receive the price as of market close on the day that all required and completed forms are received by Transamerica in good order. Processing usually takes 1-4 business days, but can take several days longer if invested in only fixed funds; however, as noted above, pricing is based on the day that forms are received in good order.

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
04/10/2025

Once this form has been completed with all of the necessary information and required signatures, please forward to:
Transamerica PASS, 6400 C Street SW, Cedar Rapids, IA 52499 or to upload and submit your forms/documents via the secure portal, visit <https://secure2.transamerica.com/upload-document>

1. Log in to your Transamerica retirement account
2. Use your device's camera to conveniently scan in and submit your forms/documents

OR Upload electronic documents from your mobile device or computer (All pages must be uploaded as a single electronic document)

Questions or Account Information: Call TransDirect at (800) 401-TRAN (8726). Be sure to keep a photocopy for your records.

SECTION J. For Completion by Authorized Signer Only

Plan Name

Contract Number 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

☐ 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.

FOR TRANSAMERICA USE ONLY

PLAN ADMINISTRATION SERVICE SUPPORT:	TIME/DATE
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