

Fidelity Investments 457(b) Governmental Distribution Form

Instructions: Use this form if you wish to request a distribution from your employer's plan. **Please complete steps 1 through 9 to avoid delays in processing your request.** Return this form, unless otherwise directed, to:

Fidelity Investments , PO Box 770002, Cincinnati, OH 45277-0090.

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

Questions: If you would like more information about distributions, including general tax implications, please call 1-800-343-0860 Monday through Friday from 8:00 a.m. to midnight ET.

STEP 1 PARTICIPANT INFORMATION

A. Your Information Please use a **black pen** and print clearly in **CAPITAL LETTERS**.

Social Security #: -- Date of Birth: --

First Name:

Last Name:

I understand my check and all future correspondence related to this account will be mailed to the address below. If your address below is different than the address on your statement, your request will be held for 15 days unless you complete STEP 8

Street Address:

Address Line 2:

City: 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 STEP 9 for more details.

Name of Employer Sponsoring the Plan: Plan Number (if known):

STEP 2 REASON FOR DISTRIBUTION

Please choose one: If you do not choose an option below, your distribution will be delayed.

- Attainment of age 70½**
- Separation from service**
- Unforeseen emergency**



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STEP 5 INDICATE HOW YOU WOULD LIKE TO RECEIVE THE PAYMENT(S)

- 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 can not be delivered to a PO Box.** Express delivery is available in the US and Canada. (You should receive your check in 4-5 business days from the date of distribution.)
 - Deposit into a Fidelity non-retirement account. To open a new account, please go to www.fidelity.com or attach an account application.
Fidelity Account #:
- I understand that all assets will be invested in Fidelity Cash Reserves, a money market fund. I acknowledge that I have read the Fidelity Cash Reserves prospectus. (Your money will be available in 5-7 business days from the date of distribution.)
- Electronic Funds Transfer (EFT requires a 15 day set up period prior to processing a distribution)
(Complete the enclosed EFT application and attach a voided check.)

STEP 6 SPOUSAL CONSENT

If you are married and your plan requires spousal consent, please have your spouse complete this section.

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 is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the waiver.

Signature of Participant's Spouse:

Date:

To be completed by a notary public or representative of the plan (if provided for under the terms of your employer's plan):

Note: A signature guarantee cannot be substituted for a notary.

Sworn before me this day

In the State of

County of

Notary Public Signature:

Notary stamp must be in the above box

My Commission Expires:

Or, authorized Plan Representative (if provided for under the terms of your employer's plan):

First Name of Plan Representative:

Last Name of Plan Representative:



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STEP 7 INCOME TAX WITHHOLDING

Payments subject to withholding are either eligible rollover amounts or non-eligible rollover amounts. Please see instructions for more information on mandatory withholding.

Federal Income Taxes

- I elect not to have federal income taxes withheld from my 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.

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.
- I elect to have state income taxes withheld according to state tax tables. Please note that we are unable to withhold additional state taxes.

STEP 8 YOUR SIGNATURE

I certify that all information provided by me on this form is true and accurate. I certify under penalties of perjury that my Social Security number in Section 1 of this form is correct. If I am a non-resident alien, I have attached IRS Form W-8BEN and included my US taxpayer identification number with this form in order to claim any applicable tax treaty benefits.

- To the extent my plan allows, I have chosen to directly rollover my eligible assets to an "unlike" plan at Fidelity and I acknowledge that I am rolling eligible 457(b) governmental plan assets to a 401(a), 401(k), 403(b) plan or IRA.
- To the extent I have chosen to directly rollover my eligible assets to a similar plan at Fidelity, I acknowledge that I am rolling eligible 457(b) governmental plan assets to a 457(b) governmental plan or IRA.
- To the extent I have chosen to directly rollover my eligible rollover amounts, I hereby direct Fidelity Management Trust Company (or its affiliate(s) and/or successor(s) appointed pursuant to the terms of such accounts as applicable) ("FMTC") to rollover the amount indicated in Section 3 on this form to my account under another employer's plan or IRA, except to the extent that my current employer's plan or federal law prohibits such a rollover. In the event certain assets are not eligible to be rolled over, I hereby direct FMTC to retain the ineligible portion of my assets in the plan and to rollover the remainder as directed herein.

Signed:

Date:

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A **signature guarantee** is required if plan sponsor approval of the distribution is not required (STEP 9) and:

- the amount of the distribution is \$100,000 or more or
- the distribution is not sent to the address of record or
- your address has changed within the last 15 days

For Fidelity Use Only

Medallion Level

To avoid possible delays in processing your request, please refer to Step 8 instructions.

If the guarantee stamp to the right is not a medallion signature, print the name of the person issuing the guarantee, their phone number and the amount of the signature guarantee:

Place signature guarantee stamp in box.

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

Note: A notary public cannot provide a signature guarantee.

STEP 9 PLAN SPONSOR APPROVAL

Please ask the employer sponsoring the plan if their approval is required. The distribution requested on this form may be subject to plan sponsor approval.

On behalf of:

(name of participant)

Date of Hire:

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I acknowledge that the distribution requested on 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:

Date:

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Please print name of authorized individual signing above:

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First Name:

COPY

Last Name: