

Fidelity Investments 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, 100 Crosby Parkway, KC1E, 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

Mailing 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:

C. Applicable Accounts

 I would like a distribution from the following plan(s):

403(b) Plan **AND/OR** 401(a) Plan **AND/OR** 401(k) Plan

STEP 2 REASON FOR DISTRIBUTION

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

- Attainment of age 59½**
- Separation from service**
- Disability** (as defined by the IRS)
- In-service withdrawal** Check with your employer before selecting this option. Some plans do not allow in-service withdrawals
- Financial hardship** (Employer authorization is required) Reason for hardship: _____

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STEP 3 AMOUNT OF DISTRIBUTION

Full Withdrawal

Partial Withdrawal

Withdraw proportionally across all available investment options. \$

OR

Withdraw from specific sources/investment options: Check here if additional fund options are attached

Fund Number	Amount		Source(s)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OR <input type="checkbox"/> 100%	<input type="checkbox"/> Employer OR <input type="checkbox"/> Employee
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OR <input type="checkbox"/> 100%	<input type="checkbox"/> Employer OR <input type="checkbox"/> Employee

Systematic Withdrawal Plan (Not available for reasons of financial hardship.)

Specific Dollar Method

Pay me \$ Monthly OR Quarterly OR Yearly

Beginning: - from Fund Number OR Withdraw proportionally across all available investment options

Specific Period Method

beginning: - Monthly OR Quarterly OR Yearly, for years

STEP 4 METHOD OF DISTRIBUTION

Direct Rollover (Not available for distributions for financial hardship reasons)

Exclude my after-tax contributions from the rollover and return a check for that portion of my contributions to me.

To an IRA with Fidelity Fidelity Account #:

I understand that any money invested in Fidelity mutual funds will be rolled over in the same proportion to the same Fidelity mutual fund(s) in which I am currently invested. Any non-Fidelity assets will be rolled over to Fidelity Cash Reserves, a money market fund. I acknowledge that I have read the Fidelity Cash Reserves prospectus.

Note: If you do not have a Fidelity IRA, you must establish an account either online at www.fidelity.com or by submitting a Fidelity Investments Rollover IRA Application.

To Another Investment Provider* Before you complete this section, please check with your new employer to make sure your new plan accepts the assets you wish to roll over.

Is the new account: an IRA OR an employer sponsored retirement account

Provide us with the name of the receiving investment provider

***A check will be made payable to the receiving investment provider on your behalf and will be mailed to you. You will need to mail the check to the receiving investment provider. Income taxes will NOT be withheld.**

To an Existing Retirement Plan at Fidelity. Before you complete this section, please check with your new employer to make sure your new plan accepts the assets you wish to roll over. (Example: new employer's plan)

Name of receiving plan:

To an Income Annuity

Fidelity will mail a check from the proceeds of your account to the insurance company you select once we receive a completed annuity contract application signed by you and a letter of acceptance signed by the insurance company.

Payable to Me See the instruction page for further information on mandatory tax withholding.

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 10 day set up period prior to processing a distribution)
(Complete the enclosed EFT application and attach a voided check.)

STEP 6 SPOUSAL CONSENT

To be completed by the participant:

Check off your **current** marital status. If you are married and you do not specify distribution in the form of a qualified joint and 50% (or a higher percentage, if so provided under your employer’s plan) survivor annuity, then your spouse must sign the consent portion of this form in the presence of a notary public or a representative of your employer’s plan. The spousal consent is valid until you change your distribution election.

- 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 your plan).

To be completed by the Participant’s Spouse:

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.

Signed (Spouse): Date:

To be completed by a notary public or plan representative (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 Public Stamp:

My commission expires:

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

First Name of plan representative:

Last Name of plan representative:

Please complete and sign the other side →

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 401(a)/401(k) plan assets or 403(b) plan assets to a 401(a),401(k), 403(b) or governmental 457(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 (1) 403(b) assets to a 403(b) plan or IRA, or (2) 401(a)/401(k) assets to a 401(a)/401(k) 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, option A 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.

Your Signature:

Date:

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

To avoid possible delays in processing your request, please refer to Step 8 instructions on page 3.

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:

For Fidelity Use Only
Medallion Level

Place signature guarantee stamp in box.

Note: A notary public cannot provide a 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.

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 **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:

Date:

Please print name of authorized individual signing above:

First Name:

Last Name:

For Fidelity Use Only

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Fidelity Investments Institutional Operations Company, Inc.

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