

MISCELLANEOUS WITHDRAWAL REQUEST EDUCATION, HEALTHCARE AND GOVERNMENTAL MARKETS

ING Life Insurance and Annuity Company ("ILIAC")
A member of the ING family of companies
PO Box 990063, Hartford, CT 06199-0063
Phone: 800-262-3862 Fax: 800-643-8143



As used on this form, the term "ING," "Company," "we," "us" or "our" refers to your plan's funding agent and/or services provider. That entity is ING Life Insurance and Annuity Company. Contact us for more information.

This request may be used to withdraw assets associated with terminating or retiring employees participating in 401, 403 or Governmental 457(b) Plans. **This form cannot be used by Account Holders in corporate non-qualified deferred compensation plans, 415(m) Plans or 457(f) Plans. This form cannot be used by non-qualified deferred compensation Plans of tax exempt (non-governmental 457(b) plan) Employers.**

INSTRUCTIONS (If you have questions about how to complete the request or to determine if exception handling applies, contact us at 800-262-3862. The completed request and the State Income Tax Withholding Notification and Spousal Consent, if applicable, must be mailed to the address above or faxed to ING at 800-643-8143.)

If you choose to fax a request, please DO NOT mail the original to us.

	Spousal Consent Required (not applicable for QDRO/DRO requests)	Account Holder Signature Required	Sponsor Signature Required
Non-ERISA 403(b)	NO	YES	YES - if required by Employer
Non-ERISA 401	NO	YES	YES
Governmental 457(b)	NO	YES	YES
ERISA 403(b)	YES - Rollover or Cash NO - Transfer/Exchange	YES	YES
ERISA 401	YES	YES	YES

GOOD ORDER

Good order is receipt at our designated location of this form accurately and entirely completed, including all necessary signatures. If this form is not received in good order, as we determine, it may be returned to you for correction and processed upon resubmission in good order at our designated location.

TERMS AND CONDITIONS

It is important that you understand the tax implications and rollover options of a distribution from your account, tax information may be found in the Special Tax Notice and for ERISA plans Your Right to Defer Distribution. The tax notices are available at: www.ingretirementplans.com/taxnotice OR to receive a free paper copy, please call us at (800) 262-3862.

You may wish to consult with the Plan administrator or payer, or a professional tax advisor, before taking a payment from the Plan.

The withdrawal effective date will be the date our designated location has received the request and any other required documentation or forms in good order.

For purposes of calculating the amount to be withdrawn, the value of the individual account will be determined after the final close of business of the New York Stock Exchange (NYSE) on the date good order is determined. A valuation date is any normal business day, Monday through Friday, that the NYSE is open.

Payment is generally made 7 calendar days after receipt of the withdrawal request in good order.

All withdrawals may be subject to one or more of the following: ING contractual fees, deferred sales charges or market value adjustments. There may be withdrawal restrictions on certain funds (*please refer to your prospectus*). Certain full withdrawal requests will automatically create the Fixed Plus payout process and the Fixed Plus account balance will be paid out over the next four years.

For partial withdrawals where a specific dollar amount of withdrawal has been requested, all charges and adjustments will be deducted from the remaining balance of the account and the check will be for the amount requested, less any applicable withholding for federal or state income taxes.

Amounts will be withdrawn from each investment option in the same proportion as its value is to the total value.

KEEP FOR YOUR RECORDS

Instructions

Order #143860 Form #83503 06/10/2011
TM: DISTRIB

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PO Box 990063, Hartford, CT 06199-0063
Phone: 800-262-3862 Fax: 800-643-8143



1. PLAN INFORMATION *(Please print.)*

Plan Name _____

Billing Group/Plan Number _____

2. ACCOUNT HOLDER INFORMATION

Name *(last, first, middle initial)* _____

Date of Birth *(mm/dd/yyyy)* _____ SSN **(Required)** _____

Resident Street Address or PO Box _____

City _____ State _____ ZIP _____

Work Phone *(Include extension.)* _____ Home Phone _____

E-mail Address _____

3. TAX RESIDENCY INFORMATION *(Required)*

Check one of the three boxes:

- U.S. Citizen**
- U.S. Resident Alien**
- Non-Resident Alien.** Non-resident aliens must indicate your non-U.S. country of tax residency _____. If you do not have a U.S. Social Security Number, you must apply for and receive an Individual Taxpayer Identification Number from the Internal Revenue Service (IRS) or a U.S. Embassy by using IRS Form W-7 (Application for IRS Individual Taxpayer Identification Number) which is available on the IRS web site: www.irs.gov or by contacting the IRS at 800-829-1040. Since you are not a U.S. person, your withdrawal is subject to 30% withholding provisions for non-resident aliens unless tax treaty provisions can be applied. If you want to invoke a tax treaty, you must complete, sign and date, and return to us the IRS Original Form W-8BEN, "Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding".

4. REASON FOR WITHDRAWAL *(Some withdrawals may not be available under your Plan. See your Sponsor for your available options.)*

- 401 to 401 Transfer
- 457 to 457 Transfer
- Plan Termination *(The Company must have prior notice of your Employer's intent to terminate this Plan.)*
- Cash Loan
- Immediately Distributable Funds
- | | |
|--|--|
| <input type="checkbox"/> Attainment of Age 59½ (403(b) only) | <input type="checkbox"/> Distribution from Rollover Account |
| <input type="checkbox"/> Attainment of Age 70½ - In Service | <input type="checkbox"/> After-tax Contributions |
| <input type="checkbox"/> 403(b) Value Prior to December 31, 1988
<i>(grandfathered funds)</i> | <input type="checkbox"/> Employer Contributions <i>(held in Account Holder accounts issued prior to January 1, 2009)</i> |
- Qualified Domestic Relations Order (QDRO or DRO)
- In-Service Withdrawal Request (cash out) for \$5000 or less (457(b) Plan only)
- Service Buy Back Withdrawal and Transfer to Governmental Defined Benefit Plan
- Disability (403(b) and 401 only)
- Required Minimum Distribution (RMD) *(Later of age 70½ or retirement.)*
- In-Service Distribution (401 only)
- 403 to 403 Exchange to another investment alternative offered under my Employer's 403(b) Plan
- 403 to 403 Transfer to another Employer's 403(b) Plan

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5. TYPE OF WITHDRAWAL (Check all that apply.)

Letter of Acceptance is required unless (1) distribution is payable to Account Holder, (2) request is signed by Employer, OR (3) by special contract between the Company and the Employer.

INTERNAL ING PLAN TO ING PLAN TRANSFER/EXCHANGE/ROLLOVER form should be completed for transfers within ING.

- Cash Distribution
- Direct Rollover (other than a Designated Roth Account) to a 401(a), 401(k), 403(b), 457(b) governmental plan or a traditional IRA
- Direct Rollover (other than a Designated Roth Account) to a Roth IRA (Only applicable to 401(k), 401(a), 403(b) and 457(b) governmental plans.)
- Rollover of a Designated Roth Account to: (Only applicable for Roth 401(k), 403(b) and governmental 457(b) plans.)
 - Direct to a Designated Roth Account
 - ING Roth IRA
 - Non-ING Roth IRA
- Transfer – 401 or 457 only
- 403 to 403 Exchange to another investment alternative offered under my Employer’s 403(b) Plan
- 403 to 403 Transfer to another Employer’s 403(b) Plan
- Direct Rollover to an ING Account:

If choosing a direct rollover to an ING account, please select destination account(s) below:

- ING Choice/SAS/Wealth Management
- ING express Variable Annuity
- ING Select Advantage
- ING express Fixed Annuity
- ING IRA/Brokerage Account
- ING Select Rate
- ING express Mutual Fund
- ING Renuity
- Other _____

Account # _____

NOTE: For rollovers to an ING account the withdrawal request will not be processed until the new account application is received and in good order.

6. WITHDRAWAL AMOUNT (If no instructions are indicated, we will withdraw 100% and close your account.)

- Withdraw 100% of my account
 - Do not close my account
- Withdraw a portion of my account
- Transfer remaining balance to Plan Forfeiture Account

Employee Pre-Tax (\$ or %)	Employer (\$ or %)	Rollover (\$ or %)	Voluntary (\$ or %)	Deferred Compensation (\$ or %)	Other _____ (\$ or %)
_____	_____	_____	_____	_____	_____

- **In the case of a rollover or transfer, if no amount is indicated, we will process 100% and close the account.**
- **If the amount available for withdrawal is less than the dollar amount you are requesting, the transaction will be processed for the maximum amount available.**

7. COST BASIS (Non-Roth after tax contributions: For rollovers, unless otherwise indicated, cost basis funds will be rolled over.)

After Tax Contributions \$ _____

Account Type (example: voluntary (VL), mandatory (MN)) _____

8. OUTSTANDING LOAN INFORMATION (Complete this section only if the reason for your withdrawal is disability or attainment of age 59½.)

- I wish to continue making repayments to my loan by maintaining the minimum cash value in my account to keep the loan active.
- I no longer will be making repayments to my loan. I understand that if I elect this option my outstanding loan balance will be considered in default.

If a portion of the account is surrendered and no election is made, it is our understanding that you deemed to have elected the first option above.

If applicable and 100% of the account is requested, it is our understanding that you deemed to have elected the second option above.

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9. TAX WITHHOLDING

Please indicate whether or not federal/state income taxes should be withheld from payments. Regardless of whether or not you elect to have federal/state income taxes withheld, you are liable for those taxes on the taxable portion of the benefits. You may also be subject to tax penalties under the Estimated Tax Payment rules. You are advised to seek the advice of a qualified tax advisor prior to making this election. **If subject to eligible rollover distribution, mandatory 20% withholding will be applied.**

Federal Withholding

- I want federal income tax of 10% withheld from this payment. *(Applicable to non-eligible rollover distribution requests such as Hardship, Required Minimum Distribution (RMD), IRA or non-qualified annuity distributions.)*
- I do not want federal income tax withheld from this payment. *(You may opt out only if 10% withholding applies. NOT an option if 20% mandatory withholding applies.)*
- I have read the withholding notice and elect to have additional income tax withheld of \$_____.

DEFAULT: If no election is made, standard federal income tax withholding will occur applicable to your type of distribution.

State Withholding

State income tax withholding may be withheld from your distribution. Certain states base your withholding election on your federal withholding election. *(See attached State Income Tax Withholding Notification.)* In the event you live in one of those states, your distribution will be subject to state income tax withholding.

My residence state for tax purposes is: _____

If these payments are exempt from mandatory state income tax withholding:

- I want state income tax withheld from this payment in the amount of \$_____ or _____%.
- I do not want state income tax withheld from this payment. *(Please complete the attached State Income Tax Withholding Notification form, if applicable.)*

DEFAULT: If no election is made, state income tax withholding will occur, if applicable.

NOTE: If your residence state for tax purposes is Virginia, you must submit a Form VA-4P to opt out of state withholding. Otherwise, state tax will be withheld. Requesting North Carolina withholding over mandatory amounts requires a Form NC-4P. If you are a resident of California, Oregon or Vermont, and you are electing not to have state income tax withheld, your signature is mandatory.

10. SPECIAL INSTRUCTIONS *(Please indicate special instructions or circumstances unique to your individual request below.)*

11. PAYMENT AND MAILING INFORMATION *(Please allow for standard USPS mailing.)*

- Mail to Account Holder to address indicated in section 2
- Mail to Employer *(Check will be made payable to the Account Holder.)*
- Mail to new Financial Carrier at the address listed below *(Check will be made for the benefit of Account Holder.)*

Check is to be made payable to _____
(Custodian of the IRA or Investment Provider of the Plan to receive the benefit)

Send check to _____ New Account # _____

Address (# & street/PO box) _____

City _____ State _____ ZIP _____

Additional Instructions _____

- Please mail a separate check to my Roth account. *(If this box is not checked, one check will be mailed for all applicable amounts.)*

If no selection is made, check will be made payable to and mailed to the Account Holder.

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12. ELECTRONIC FUND TRANSFER *(Choosing this option will result in more timely access to your funds.)*

If you decide to have a withdrawal deposited directly into your bank account you need to complete the information below, and by doing so you authorize ING to initiate an electronic funds transfer (EFT). The electronic deposit is immediately available for use once the transfer is completed. The Company does not charge you for this service; the payment is typically completed within 3-4 business days.

Please verify the correct ABA routing number with your bank. If the electronic deposit cannot be completed using the information provided below, we will issue and mail a check to the Account Holder.

The EFT information must be clear and complete. If we are unable to read the instructions, in order to expedite the request, the payment will be made by check.

- EFT will not deposit to a third party account.
- EFT cannot be made outside of the U.S.

Account Type Checking or Savings Account

Bank Account # _____

ABA Routing # *(9 digits, verify with your bank)* _____

13. IF ING HAS QUESTIONS REGARDING THIS WITHDRAWAL REQUEST *(ING will not contact anyone not affiliated with this ING Plan.)*

Please Contact:

Name _____ Phone _____

E-mail Address _____

14. TAXPAYER CERTIFICATION

Under penalties of perjury, I certify that:

1. The number on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (including U.S. resident alien).

I am a non-resident alien and the Taxpayer Certification language included in this form does not apply to me.

15. ACCOUNT HOLDER AUTHORIZED SIGNATURE AND CERTIFICATION AND TAX WITHHOLDING

Under penalties of perjury, I declare that I have examined the tax withholding for state and federal purposes and to the best of my knowledge and belief it is true, correct and complete, including state and federal opt out elections, as applicable.

I, the Account Holder, certify that I have read the Terms and Conditions section as appears on the cover page of this request and agree to its provisions. I also agree with any information that has been pre-filled.

Unless otherwise indicated as a reason for withdrawal I, the Account Holder, certify that there is no pending Qualified Domestic Relations Order (QDRO/DRO), court judgement, decree or order relating to the provision of child support, alimony, or marital property rights to a spouse, former spouse, child or other dependent with respect to the requested withdrawal amount.

I, the Account Holder, certify that the information provided on the Spousal Consent *(if applicable)* is accurate. I further certify that if I have indicated that I am legally separated or abandoned on the attached Spousal Consent, I have the necessary court order. I understand that if I receive a payment as a complete or partial withdrawal of my account *(other than a joint and survivor annuity)*, the value of benefits payable to my spouse either under a Qualified Pre-retirement Survivor Annuity (QPSA) or a Qualified Joint and Survivor Annuity (QJSA) will be reduced or eliminated. I understand that once payment representing complete or partial withdrawal of my account has been made, my election to waive QPSA and QJSA is irrevocable with respect to the value of amounts paid pursuant to my withdrawal request.

I certify that I have read and understand the Notice of your Right to Defer Distribution and the Special Tax Notice Regarding Important Tax Information and, if applicable, waive the 30 day notice requirement.

I understand that the Company reserves the right to directly or through a third party recover any payments made in excess of amounts to which I am entitled under the terms of the Contract regardless of the method of payment.

Those signing the form may rely conclusively on all information, including this certification, in processing this Withdrawal Request. In the case of any conflicting information, the Company is entitled to rely exclusively on the information contained in this Withdrawal Request.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Account Holder Signature _____ Date *(mm/dd/yyyy)* _____

Account Holder Payee SSN **(Required)** _____ **Your form will NOT be processed without Account Holder SSN completed.**

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16. THIRD PARTY ADMINISTRATOR (TPA) FEE *(To be completed by TPA if applicable. Check will be made payable and mailed to the TPA.)*

TPA Fee Amount \$ _____

From Account Holder Account Account Type *(example: deferral, match, etc.)* _____

From Forfeiture Account Account Type *(example: deferral, match, etc.)* _____

The Third Party Administrator for the Plan identified above has recorded this withdrawal in their records for this plan.

17. THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed if required by the Employer.

I am employed as a Third Party Administrator of the Plan identified above and certify the following:

- I have read and agree to the terms of the requested withdrawal;
- I have verified the Account Holder's eligibility for such withdrawal and have not relied solely on information provided by the Account Holder in this form in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document; and
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Account Holder to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me.

Name of TPA Firm _____

Authorized Signer Name *(Please print.)* _____

Signature _____ Date *(mm/dd/yyyy)* _____

18. EMPLOYER, PLAN SPONSOR OR NAMED FIDUCIARY AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed by the Employer or its designee if required by a contract between the Company and the Employer.

I am an Employer, Plan Sponsor, or Named Fiduciary of the Plan identified above and certify the following:

- I have read and agree to the terms of the requested withdrawal;
- I have verified the Account Holder's eligibility for such withdrawal and have not relied solely on information provided by the Account Holder in this form in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document;
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Account Holder to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me; and
- I have amended my Plan document to reflect all applicable federal tax legislation and IRS guidance, including the Pension Protection Act of 2006, in accordance with the IRS's remedial amendment period.

Authorized Signer Name *(Please print.)* _____

Signature _____ Date *(mm/dd/yyyy)* _____

SPOUSAL CONSENT TO WITHDRAWAL QUALIFIED JOINT AND SURVIVOR ANNUITY (QJSA)

ING Life Insurance and Annuity Company ("ILIAC")
ING Institutional Plan Services, LLC ("IIPS")
Members of the ING family of companies
PO Box 990063
Hartford, CT 06199-0063



As used on this form, the term "ING," "Company," "we," "us" or "our" refer to ILIAC or IIPS as your plan's funding agent and/or administrative services provider. Contact us for more information.

This form must be completed in its entirety.

1. GENERAL INFORMATION

Plan Name _____ Billing Group/Plan # _____
Account Holder Name _____ SSN **(Required)** _____
Spouse Name _____ SSN _____ Date of Withdrawal (mm/dd/yyyy) _____

2. ACCOUNT HOLDER CERTIFICATION

I have requested a withdrawal of my account under the Group Annuity Contract as specified in this request. Unless one of the following conditions apply, I waive completely or consent to the reduction of benefits otherwise payable in the request of a Qualified Pre-retirement Survivor Annuity (QPSA) and Qualified Joint and Survivor Annuity (QJSA).

Required to be completed regardless of marital status.

Marital Status (Check one.)

- I am not married.
 I am married. (Your spouse must consent to this request by completing the Spousal Consent section below.)
 My spouse cannot be located or I am legally separated or abandoned within the meaning of local law. (Spousal consent is not required unless a pending domestic relations order provides otherwise.)

I acknowledge that I have read and understand this form and certify that the above information is completed correctly to the best of my knowledge. Under penalties of perjury, I certify that the SSN provided above is my correct taxpayer identification number.

Account Holder Signature _____ Date (mm/dd/yyyy) _____

3. SPOUSAL CONSENT

I have read the attached written explanation of survivor annuity payment options and hereby consent to the request of amounts to my Spouse under the Plan and in so doing, consent to my Spouse's election to waive the QPSA or QJSA. I understand if my Spouse receives the amount of his or her account balance under the Plan, the value of benefits payable to me under a QPSA or a QJSA will be reduced.

Spouse Name (Please print.) _____

Spouse Signature _____ Date (mm/dd/yyyy) _____

4. PLAN REPRESENTATIVE OR NOTARY PUBLIC CERTIFICATION

The above consent was signed or acknowledged in my presence.

Plan Representative/Notary Public Name (Please print.) _____

Plan Representative/Notary Public Signature _____

State _____ County _____ Date (mm/dd/yyyy) _____

IMPORTANT NOTE

Spousal consent must be witnessed by the Plan Representative or a Notary Public. If your spouse is unable to sign this form or acknowledge consent in the presence of the Plan Representative, it must be signed or acknowledged in the presence of a Notary Public. If signed or acknowledged in the presence of a Notary Public, the signature and seal of the Notary Public must appear in SECTION 4 above.

UNDERSTANDING SURVIVOR ANNUITY PAYMENT OPTIONS

Under the Internal Revenue Code, some plans are required to make payments under one of the survivor annuity options described here, unless you waive this right and your Spouse consents to your waiver. Even if your Plan is not subject to this provision of the law, your Employer may have voluntarily chosen to administer their Plan as if it were.

The following information is provided to better help you understand the survivor annuity payment options available to you and your Spouse. This only summarizes certain rules that might apply to the payment option you select. Since the Internal Revenue Code is complex and contains many conditions and exceptions not included here, you may wish to consult a professional tax advisor or financial advisor before selecting a payment option.

QUALIFIED JOINT AND SURVIVOR ANNUITY (QJSA)

The Retirement Equity Act of 1984 (REA) requires that qualified retirement Plans distribute benefits to married Plan Account Holders in the form of a Qualified Joint and Survivor Annuity (QJSA), unless the Account Holder elects to waive this form of benefit and the Account Holder's Spouse consents in writing to that election. QJSA provides an annuity for the lives of you and your Spouse. At your death, at least 50% of the payment will continue to your Spouse under this option. Your election to waive QJSA will have different effects depending upon the alternative form of payment you elect. One effect may be that no benefit will be payable to your Spouse should your Spouse survive you.

You have a right to waive the QJSA at any time provided that (1) you make the election within the 180-day period before the date on which your benefits are to begin, and (2) your Spouse consents to your election. Your Spouse's consent must be in writing and must be witnessed by a notary public or Plan Sponsor representative. You may revoke your waiver of QJSA at any time before your benefits begin. Spousal consent of this revocation is not necessary. If you revoke your election, your benefits under the Plan will be paid in the form of a QJSA.

QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITY (QPSA)

If you are married and your death occurs before you retire, the law requires that any amount remaining in your account be paid to your surviving Spouse in the form of a "Qualified Pre-Retirement Survivor Annuity." A QPSA will provide your Spouse with a series of periodic payments over his or her life. The size of the periodic payments will depend on the amount remaining in your account and the Plan provisions. You may elect to waive the requirement that your surviving Spouse be paid in the form of a QPSA, and if applicable, the requirement that your Spouse be your beneficiary. You may make either or both of these elections beginning with the first day after which you become a Account Holder in the Plan.

Any waiver election you sign before age 35 will become invalid the first day of the plan year in which you attain age 35. At that time you may again waive QPSA and the requirement that your Spouse be your beneficiary. Your Spouse must consent in writing to either waiver. You have the right to revoke any waiver that you have made at any time.

Your Spouse may need to consent to any subsequent change of beneficiary. Please ask your Plan Administrator or Employer for more information regarding changing beneficiaries.

If your vested account balance is \$5,000 or less at the time of your death, the Plan Administrator may make a distribution to your surviving Spouse in a single payment even if you had not waived QPSA prior to your death.

Because a Spouse has certain rights under the law, you should inform your Plan Administrator or Employer immediately of any changes in your marital status. A change in your marital status may require you to designate a new beneficiary. For more information regarding QJSA or QPSA, contact your Plan Administrator or Employer.

STATE INCOME TAX WITHHOLDING NOTIFICATION
401, 403(b), 408 and Governmental 457 Plan Distribution



NOTIFICATION

If you are a resident of Arkansas, California, Delaware, Iowa, Kansas, Maine, Maryland¹, Massachusetts, Nebraska¹, North Carolina², Oklahoma, Oregon, Vermont, or Virginia¹, your state requires state income tax withholding on the taxable portion of your distribution from your 401, 403(b), 408 Individual Retirement or Governmental 457 Plan. This state income tax withholding is in addition to the mandatory 20% (or, in some cases, elected 10%) federal income tax withholding. Please note, when a state cost basis differs from federal, the federal cost basis will be used in determining taxability for state income tax withholding purposes.

- If you are a resident of **California, Oregon** or **Vermont**, state income tax withholding will be calculated **unless** you complete the bottom portion of this form indicating your election “out” of state income tax withholding, and return it to us with, and to the same designated location as, your Withdrawal Request.
- If you are a resident of **Arkansas, Delaware, Iowa, Kansas, Maine, Maryland¹, Massachusetts, Nebraska¹, North Carolina²** or **Oklahoma**, state income tax withholding will be automatically calculated as these states do not allow an election “out” of state income tax withholding when federal income tax withholding applies. Requesting North Carolina withholding over mandatory amounts requires their Form NC-4P, Withholding Certificate for Pension or Annuity Payments.
- If you are a resident of **Virginia¹**, state income tax withholding will be calculated automatically **unless** you meet certain income criteria and claim an exemption from withholding. To claim an exemption for Virginia, complete Form VA-4P (obtained from the Virginia Department of Taxation), and return the appropriate form to us with, and to the same designated location as, your Withdrawal Request.

¹Maryland, Nebraska and Virginia state income tax are not applicable to 408 Plans.

²North Carolina does not apply to distributions from NC state and local government or federal retirement systems for those vested as of 8/12/89.

PAYEE/ACCOUNT HOLDER ELECTION *(Do not submit this form if you want state income tax to be withheld.)*

I elect to have **no state income tax withheld** from this distribution and I am a resident of *(check one)*:

- California Oregon Vermont

Payee/Account Holder Signature _____ Date (mm/dd/yyyy) _____