



A State Street and Citigroup Company

RETIREMENT PLAN
DISTRIBUTION CLAIM

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Plan Name: _____ Plan Number: [][][][][][]

INSTRUCTIONS:

- > If you are requesting a distribution from more than one Plan, you must complete a separate form for each Plan.
> Spouse's Consent: You might also need to complete Sections 5 and 6: Participant's Election to Waive a Qualified Joint & Survivor Annuity and Spouse's Consent.
> Annuity: If you would like a distribution in the form of an Annuity, please call the toll-free Voiceconnect number...
> Outstanding Loan Balances: If you have an outstanding loan, you may pay off the outstanding loan balance before this distribution is processed.
> All sections must be completed in full, unless otherwise indicated.

SECTION 1 - PARTICIPANT INFORMATION

Participant's Name (print full name) _____ Social Security Number (SSN) or ITIN [][][] - [][][] - [][][][][]
Home Address _____ Daytime Telephone Number (optional) [][][] / [][][][] / [][][][][]
City _____ State _____ Zip Code _____ Date of Birth (required) [][][][][]

SECTION 2 - DISTRIBUTION REASON

I request a distribution because I have severed from my employer. Date of Severance (required): _____

Check only if it applies:

- Total and Permanent Disability Age 70 1/2 or Older Minimum Required Distribution
(Complete Section 3, Option D for this Distribution Reason)

*Because of market fluctuation, the withdrawal amount requested might not be available at the time your form is processed. If the value of your Plan Account declines, so that the amount available for a withdrawal is less than the amount requested, we will process your distribution for the maximum amount available.

Plan Administrator's Use Only

Involuntary Distribution (only if account is under \$5,000)

Participant Name: _____

Participant's SSN or ITIN: _____

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SECTION 3 – PAYOUT OPTIONS

Please check only one option: (If this is a Partial Distribution, redemptions will be pro-rata from all available Plan investment options under the contract(s) to which this form applies.)

A. Lump Sum Distribution (No Direct Rollover)

- Entire Plan Account Balance
- Partial Plan Account Balance of \$ _____
- Partial Plan Account Balance of \$ _____ of my after-tax contributions with earnings only

B. Periodic Payments (Less than 10 year payout)

- Fixed Dollar Amount of \$ _____ ■ Frequency: monthly quarterly semi-annually annually
(The number of payments will depend on your Plan Account Balance. Under this option, you will receive a payment until your Plan Account Balance is exhausted.)
- Fixed Time Period (enter 1-9) _____ years ■ Frequency: monthly quarterly semi-annually annually
(Each period, your Plan Account Balance will be divided by the number of payments requested. Payments will vary based on investment return and market fluctuations.)

C. Direct Rollover – If you choose one of the following direct rollover options, you must complete Section 4

- Direct Rollover of Entire Plan Account Balance
- Direct Rollover of Partial Plan Account Balance of \$ _____
- Direct Rollover of Partial Plan Account Balance of \$ _____, and a Lump Sum Distribution of the remaining Plan Account Balance
- Partial Lump Sum Distribution of \$ _____, and a direct rollover of the remaining Plan Account Balance
- Partial Lump Sum Distribution of \$ _____ of my after-tax contributions with earnings only, and a direct rollover of the remaining Plan Account Balance

D. AGE 70½ OR OLDER MINIMUM REQUIRED DISTRIBUTION

If you are age 70½ years or older and required to take a minimum distribution, please indicate the distribution amount and your tax withholding elections.

Amount \$ _____

Complete Tax Withholding Election *only for* Age 70 ½ years or older Minimum Required Distribution.
(If you do not state your instruction, we will withhold the amount required by applicable law.)

- ◆ I DO DO NOT want *Federal* income tax withheld from my distribution.
- ◆ I DO DO NOT want *State* income tax withheld from my distribution.

Before you decide whether to choose withholding, please understand that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. If you elect not to have Federal or State income tax withheld, you are still liable for payment of Federal and State income tax on the taxable portion of your distribution. Also, regardless of your election, you are still responsible for estimated tax payments if any tax withheld is not sufficient to meet your Federal and State income tax obligations. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from this retirement Plan distribution. For more information, read IRS Publication 505 and consult your tax lawyer or accountant. *If you do not state your instruction, we will withhold the amount required by applicable law.* Notwithstanding any election above, an eligible rollover distribution is subject to 20% federal income tax withholding.

Participant Name: _____

Participant's SSN or ITIN: _____

SECTION 4 – ROLLOVER INFORMATION

If you selected any payout option under direct rollover (Section 3, Option C), you must complete this section.

A direct rollover occurs when your distribution is paid to an eligible retirement plan (including an IRA) that has agreed to accept this rollover. Please indicate the institution(s) to receive your rollover money. The payee must be an insurance company, bank, trust company, IRS-approved custodian or employer plan trustee.

Name of Institution	Plan Type – indicate which one: IRA, 401(k), 401(a), 403(b), or a 457(b) Government	Percentage* of Rollover
<input type="checkbox"/>	Plan Type:	%
<input type="checkbox"/>	Plan Type:	%
<input type="checkbox"/> Salomon Smith Barney (SSB)** SSB Bank Account #: _____ ABA #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Plan Type: IRA Participant IRA Account #: _____	%

***If you select multiple institutions to receive your rollover money, indicate the percentage each institution should receive. Percentages must be in increments of 1% and must total 100%. If percentages are not indicated, your rollover will be distributed equally among the institutions.**

****If you chose Salomon Smith Barney as an institution to receive a percentage of your rollover money, that amount will be directly wired into the Salomon Smith Barney account you specify on this form. However, if you select the Salomon Smith Barney rollover option, but do not include account information, the rollover check will be mailed directly to you at the address you provided in Section 1 of this form. All other rollover checks will also be mailed directly to you at that address. You are responsible to promptly invest this check into your new retirement plan or IRA (not to deposit directly into your personal savings account). When you send the check, remember to include your new account number; doing so will help your new insurer, custodian, or trustee process your new investment.**

SECTION 5 – PARTICIPANT’S ELECTION TO WAIVE A QUALIFIED JOINT & SURVIVOR ANNUITY

- **Complete this section only if the spouse’s consent is required by the Plan. Please check only one.**
- If you check “I have a Spouse,” the Spouse’s notarized consent must be completed in the Spouse’s Consent Section.
- If you check any of the other elections, attach appropriate documentation, if applicable, and skip the Spouse’s Consent Section.

I certify that:

- I have a Spouse.
- I do not have a Spouse. (If your divorce is final and you have not married again, whether by ceremonial, proxy, informal, or common-law marriage, you do not have a Spouse. If you are separated, but not finally divorced, you do have a Spouse.)
- My Spouse cannot be located. I must inform the Plan Administrator if the location of my Spouse becomes known. *I understand the Plan Administrator may make an investigation as to the whereabouts of my Spouse.*
- A court determined that my Spouse and I are legally separated. *Certified copies of all court orders must be attached.*
- A court determined that my Spouse has abandoned me. *Certified copies of all court orders must be attached.*

Participant Name: _____

Participant's SSN or ITIN: _____

SECTION 6 – SPOUSE’S CONSENT

Complete this section only if the spouse’s consent is required by the Plan, and you selected “I have a Spouse” in the prior section.

I am the Spouse of the Participant. I received the Plan’s *Explanation of the Qualified Joint & Survivor Annuity (QJSA)* and consent to the distribution indicated on this form. I understand that I have the right to have the Participant’s retirement benefit paid in the QJSA payment form, and I consent to give up those rights. I understand that by signing this consent, I might receive less money than I would have received under the QJSA payment form, and I might receive nothing after the Participant dies depending on the payment form or beneficiary that the Participant chooses. I understand that I may limit my consent to a particular payment form and a particular beneficiary.

Spouse’s Signature

Date

This form will not be accepted unless it bears the Notary’s official seal. This form will NOT be accepted if the Notary is an employee of CitiStreet or any of its affiliates.

CERTIFICATE OF NOTARY PUBLIC

I certify to the Plan Administrator that on the date written below before me personally appeared the above-named Spouse, personally known to me or satisfactorily identified to me, and he or she signed this document in my presence for the purposes stated by it, without any undue influence. My commission has not expired. In addition to any civil and criminal punishment that might apply under the laws of the state that appointed me as a Notary Public, I understand that under federal law if I made a false statement I can be fined \$10,000 or imprisoned for up to 5 years or both.

Signature and Seal of Notary Public

Date

SECTION 7 – PARTICIPANT CERTIFICATION

I received the explanation of the Qualified Joint & Survivor Annuity (QJSA) and elect the form of distribution indicated on the attached distribution form. I received the *Eligible Rollover Distribution/Tax Notice Regarding Plan Payment* concerning the federal income tax treatment of this distribution. Any amount not directly rolled over will be paid directly to me. I understand that 20% will be withheld as federal income tax. I understand that this distribution is taxable and if made before the age of 59½, I might be subject to an additional 10% penalty tax.

I certify, under penalties of perjury, that:

- everything I said on this form is true, correct and complete
- my Social Security Number or other Taxpayer Identification Number shown above is correct
- I am **not** a resident of any nation, state, or locality other than as shown on this form

I understand that I might be subject to civil penalties and criminal penalties and punishment for any knowingly false statement on this form or any papers attached to or related to this form or my claim under the Plan. If the Plan, an insurer, or a custodian pays or fails to pay any benefit in reliance on my false statement, I will be liable for the damages, including (but not limited to) investigation expenses and lawyers’ and legal assistants’ fees.

Participant’s Signature

Date



You must submit this form to your employer for his/her signature in the next section. CitiStreet will NOT process this request unless your employer has completed the Plan Administrator Instruction and Approval Section below.

Participant Name: _____

Participant's SSN or ITIN: _____

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SECTION 8 – PLAN ADMINISTRATOR INSTRUCTION AND APPROVAL

All Employer Contribution(s) will be distributed in accordance with the vested percentage on file at CitiStreet, unless you specify the vested percentage of the participant's Employer Contribution(s) as: _____ %. I instruct the transfer of any non-vested Plan Account balance to the Plan's Forfeiture Account.

The Plan Administrator approves the distribution requested by this form and, if applicable, the direct rollover.

Plan Administrator's Name (print full name)

Participant's Date of Hire

Plan Administrator's Signature

Date

- Plan Administrator **MUST** keep this original form for the Plan's records.
- Please fax or mail (do not do both) a copy of this form complete with **Plan Administrator's Signature** to:

CitiStreet Associates LLC
Two Tower Center
P.O. Box 1084
East Brunswick, NJ 08816-1084
ATTN: Distributions
Fax Number: (732) 514-8799