citistreet℠
A State Street and Citigroup Company



**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. Check with your Plan Administrator about this requirement. For more information, see attached *Explanation of Qualified Joint & Survivor Annuity.*
- All sections must be completed in full, unless otherwise indicated. If you have any questions, please call the toll-free **Voice**connect telephone number that appears on your quarterly statement.

## 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 for the following reason (Please check only one):

- ☐ Attainment of Normal Retirement Age
- ☐ Attainment of Age 59½
- ☐ Plan permits withdrawal of my After Tax Contributions
- ☐ Plan permits withdrawal of my Employer Contributions
- ☐ Plan permits withdrawal of my Rollover Contributions
- ☐ Plan Termination – Date of Plan Termination (required): ____________________

## 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.)

1. ☐ Lump Sum Distribution of the maximum amount allowed by the Plan ***OR*** $ ________________
2. ☐ Direct rollover of the maximum amount allowed by the Plan ***OR*** $ ________________
   **(If you choose this option, you must complete Section 4)**

*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.

Participant Name: ______________________________

Participant's SSN or ITIN: __________________________



## SECTION 4 – ROLLOVER INFORMATION

**If you selected option 2 in the Payout Section, 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 |
|---|---|---|
| ❑ | Plan Type: | % |
| ❑ | Plan Type: | % |
| ❑ Salomon Smith Barney (SSB)**<br>SSB Bank Account #: ____________<br>ABA #: ☐☐☐☐☐☐☐☐☐ | Plan Type: IRA<br>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 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* 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 my age 59½ also might be subject to a 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

STOP **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:** ________________________



## SECTION 8 – PLAN ADMINISTRATOR'S 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: _________ %.

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