

# Distribution — Cash

Use this form to request a one-time cash distribution from your 401(a), 401(k), 403(b), or 457(b) governmental employer plan. Fill in by hand using CAPITAL letters and black ink, or on screen (if PDF). If you need more room for information, use a copy of the relevant page.

## Helpful To Know

- You can only take a distribution if you meet one of the criteria for eligibility (see Section 3). If you are a beneficiary or qualified alternate payee, call Fidelity instead of using this form.
- Workplace retirement plan distributions may have tax consequences. You may want to consult a tax or financial professional.
- To get your plan number(s), call your plan sponsor (the employer that provides the plan) or go to [mysavingsatwork.com](http://mysavingsatwork.com).
- To validate your profile, go to [netbenefits.com/profile](http://netbenefits.com/profile). To change your address, call your plan sponsor or go to [netbenefits.com/profile](http://netbenefits.com/profile).
- For most other types of distributions (such as recurring, hardship, or rollover) find the appropriate forms at [fidelity.com/atwork](http://fidelity.com/atwork).
- Non-resident aliens must provide IRS form W-8BEN and a U.S. taxpayer ID number to claim any tax treaty benefits.
- Before you submit this form, be sure to find out whether your plan requires plan sponsor approval of distribution requests. If your plan does, and there is no plan sponsor signature in Section 9, your request will be denied.

## 1. Account Owner/Participant

Name		Social Security or Taxpayer ID Number	
Date of Birth MM DD YYYY		Evening Phone	Daytime Phone
E-mail			

Not married     Married *Your spouse may need to sign this form. Ask your plan sponsor or Fidelity.*

### Address

If the address we have for you is correct, skip to Section 2.

*Providing a new address may delay your check unless you get a signature guarantee (see Section 8).*

Address			
City	State/Province	Zip/Postal Code	Country

## 2. Plan(s) Involved

The distribution you request in Section 4 will apply to EACH PLAN listed here. List ONLY plans sponsored by the employer named below. To request distributions from different employers, submit separate forms.

*To get your plan number, go to [mysavingsatwork.com](http://mysavingsatwork.com) or call your plan sponsor.*

Name of Plan Sponsor			
Plan Number	Plan Number	Plan Number	Plan Number

Form continues on next page. ►►



### 3. Reason for Distribution

Required by federal tax law and your plan.

Check **ONLY one**. Contact your plan sponsor to confirm which reasons your plan accepts and whether you qualify.

#### Current Employees

- Qualified by age *Age requirement varies by plan type.*
- Disability *Varies depending on several factors; you will need to provide documentation to your employer.*
- Other *Must be specified in your plan.*

#### Former Employees

- Separation from service *You no longer work for the plan sponsor.*
- Disability *Varies depending on several factors; you will need to provide documentation to your employer.*

### 4. Distribution Amount

Your available plan assets may be less than your plan value. Tax withholding may apply.

Choose **ONLY one** of the four distribution types and provide any required information.

These instructions will be applied to EACH plan you listed in Section 2. For example, if you listed two plans and request a \$5,000 distribution, we will withdraw \$5,000 from the first plan and \$5,000 from the second.

You may check more than one source type (for example, non-Roth and Roth).

- ALL available plan assets
- ONLY this amount, drawn proportionally from all available plan assets:

Amount
\$

- ONLY this type(s) and percentage of available plan assets:
  - 100% pre-tax (non-Roth)  100% after-tax (non-Roth)  100% Roth
- ONLY the following amounts drawn from this type(s) of available plan assets:
  - Pre-tax (non-Roth)  After-tax (non-Roth)  Roth

Amount	Fund Name or Number
\$	

- Pre-tax (non-Roth)  After-tax (non-Roth)  Roth

Amount	Fund Name or Number
\$	

- Pre-tax (non-Roth)  After-tax (non-Roth)  Roth

Amount	Fund Name or Number
\$	

### 5. Tax Withholding

The IRS requires us to apply withholding on any taxable distribution (including any distribution that is eligible for rollover, but is not rolled over). Each state sets its own withholding rates and requirements on taxable distributions. We apply these rates unless you, or state law, direct otherwise.

For residents of NY, NM, NJ, ND, PA, IN and OH you must provide a dollar amount for state withholding if you would like it withheld (\$10 minimum), otherwise no amount will be withheld.

For residents of CT, distributions from retirement plan accounts are subject to state tax withholding at the highest marginal rate (6.99%) unless you have submitted a properly completed Form CT-W4P.

For U.S. Persons the minimum federal mandatory withholding rate of 20% will apply. For non-resident aliens, the minimum federal mandatory withholding rate of 30% will apply, unless the prevailing tax treaty rate applies because you have a valid IRS Form W-8BEN on file with Fidelity. To request more than 20% withheld for a distribution less than 10 years please download, complete, print, and sign a copy of the IRS Form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions found here: <https://www.irs.gov/forms-pubs/about-form-w-4r>

Note that the amount of tax withheld will be calculated on, and subtracted from, the amount of your distribution. Amounts withheld may be less or more than what you actually owe in taxes. To review the Special Tax Notice for details, go to [fidelity.com/atwork](https://fidelity.com/atwork).

Account's legal/residential address determines which state's tax rules apply.

#### State

- Withhold state taxes at the applicable rate
  - In addition to the applicable rate, withhold a dollar amount of:

Withhold (\$10 minimum)
\$

- Residents of NY, NM, NJ, ND, PA, IN and OH ONLY. Withhold state taxes in the amount of:

Withhold (\$10 minimum)
\$

- Do NOT withhold state taxes unless required by law

Form continues on next page. ►►



## 6. Delivery Method

Choose **ONLY** one delivery method and provide any required information.

Transaction timings start from when your distribution request is approved, and are estimates, not guarantees.

### Electronic Funds Transfer (EFT)

- EFT is already set up on account Allow 3 business days. Skip to Section 7.  
To confirm or add new EFT information to your retirement plan account, login to NetBenefits

### Check

- Check sent to mailing address Default if no choice indicated. Allow 7 business days.  
 Check sent by UPS delivery A fee of \$25 will be deducted from your account. Allow 2 business days.  
This option not available for PO Box or foreign addresses.

### Deposit Allow 3 business days.

- Deposit into Fidelity non-retirement account:

Account Number

## 7. Spouse's Consent Complete if you are married AND if required by your plan.

The spouse's signature **MUST** either be notarized or be witnessed by a plan representative. A signature guarantee is **NOT** a notary seal. By signing below, you:

- Voluntarily consent to the distribution(s) indicated on this form, knowing that your spouse's request is not valid without your consent.
- Acknowledge that you may be giving up your right to receive assets that would otherwise go to you upon your spouse's death.
- Acknowledge that your spouse's waiver of a qualified joint and survivor annuity, if applicable, is not valid without your consent.
- Agree that if the distribution described in this form is not processed within 180 days of the date you sign this form, your consent expires.
- Acknowledge that you cannot take back your consent unless your spouse allows you to, and files a new form with Fidelity.

Print Spouse Name	
Spouse Signature	Date MM DD YYYY
<b>SIGN</b> ▶	▶

### Notarization or Plan Representative Witness

(Notary only.) State of \_\_\_\_\_, in the County of \_\_\_\_\_, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced \_\_\_\_\_ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Print Notary/Plan Representative Name	
Notary/Plan Representative Signature	Date MM DD YYYY
<b>SIGN</b> ▶	▶

▼ NOTARY SEAL / STAMP ▼

(Notary only.) My commission ends on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Form continues on next page. ▶▶



## 8. Signature and Date *Account owner/participant must sign and date.*

By signing below, you:

- Authorize Fidelity to act on all instructions given on this form.
- Accept all terms and conditions described in this form.
- Certify that all information you provided is correct to the best of your knowledge.
- Acknowledge that you have received the Special Tax Notice and, if applicable, the Forms of Benefit Notice and the Notice of the Waiver of the Qualified Joint and Survivor Annuity.

Print Participant Name	
Participant Signature	Date MM DD YYYY
<b>SIGN</b> ▶	▶

If the retirement plan requires a signature from the plan sponsor in Section 9, you do not need a signature guarantee. If the retirement plan does NOT require a plan sponsor signature, you will need a signature guarantee if either of two cases applies:

- Your distribution is more than \$10,000, it is not being sent using EFT already set up on your account, you are providing a new address, AND it's important that your transaction not be delayed by 10 days.
- Your distribution is more than \$100,000.

### Signature Guarantee

You can get a signature guarantee from most banks, credit unions, and other financial institutions. A Medallion signature guarantee must guarantee at least the amount of your withdrawal. A notary seal/stamp is NOT a signature guarantee.

▼ SIGNATURE GUARANTEE ▼		<input type="checkbox"/> NOT a Medallion signature guarantee <i>Complete if applicable.</i>
Financial Institution Representative Name		
Phone	Extension	
Medallion Level <i>Fidelity Use Only</i>		

**Important:** You can provide notarization in lieu of a signature guarantee using this same section of the form.

## 9. Plan Sponsor Approval

Consult your plan sponsor or Fidelity to determine whether plan sponsor approval is required. You may need plan sponsor approval even if you no longer work for the sponsor.

Participant's Date of Hire MM DD YYYY	Separation Date <i>If applicable</i> MM DD YYYY	Employer-Source Vesting
		%

By signing below, you:

- Acknowledge that the distribution as requested on this form is permitted by the employer's plan.
- Certify that you are on record with Fidelity as being authorized to sign on behalf of the plan sponsor.

Print Plan Representative Name	
Plan Representative Signature	Date MM DD YYYY
<b>SIGN</b> ▶	▶

<p><b>Did you print and sign the form, and attach any necessary documents? Did ALL required individuals sign?</b> Send the ENTIRE form and any necessary documents to IBEW Local 683 Fringe Benefit Funds.</p> <p><b>Questions?</b> Call 844-683-0683, business days from 8 AM to 4:30 PM (CST).</p>	<p>Return this completed form:</p> <p><b>Regular mail</b> IBEW Local 683 Fringe Benefit Funds PO Box 39387 St. Louis MO 63139</p>
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*On this form, "Fidelity" means Fidelity Investments Institutional Operations Company LLC.*  
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