

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.
- · To validate your profile, go to netbenefits.com/profile. To change your address, call your plan sponsor or go to netbenefits.com/profile.

- · For most other types of distributions (such as recurring, hardship, or rollover) find the appropriate forms at 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/P	Participant
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	Name				Social Security or Taxpayer ID Number			
	Date of Birth MM DD YYYY	Ev	rening Phone		Daytime Phone			
							1 1 1	
	E-mail							
	□ Nat	Manufad Va			-1		Fi dalia.	
Address	☐ Not married	□ Married Yo	ur spouse may need	to sign this form. A	sk your plan s	bonsor or	Fiaelity.	
4uui ess								_
f the address we have	e for you is correct, s	skip to Section 2.						
Providing a	Address							
new address may								
delay your check unless you get a	City		State/Province	Zip/Postal Code	Country			
signature guarantee								
(see Section 8).								_
) Plan(s) In	volvod							
2. Plan(s) In	voiveu							
he distribution you i	request in Section 4	will apply to EAC	H PLAN listed here.	List ONLY plans spo	onsored by the	emplove	named belo	ΟW
To request distribution					, , , , ,			
To get your plan	Name of Plan Sponsor							
number, go to								
all your plan sponsor.	Plan Number	Plan Number	Plan Number	Plan Number				

Form continues on next page.



3. Reason for Distribution

Required by federal t	ax law and your plan.
Check ONLY one.	Current Employees Former Employees
Contact your plan	Qualified by age Age requirement varies by plan type. Separation from service You no longer work for the
sponsor to confirm which reasons your	Disability Varies depending on several factors; you will need
plan accepts and	to provide documentation to your employer. \Box Disability Varies depending on several factors; you will
whether you qualify.	Other Must be specified in your plan. need to provide documentation to your employer.
4. Distribut	ion Amount
Your available plan as	ssets may be less than your plan value. Tax withholding may apply.
Choose ONLY one of	ALL available plan assets
the four distribution	ONLY this amount, drawn proportionally from all available plan assets:
ypes and provide any	Amount
required information. These instructions	\$
will be applied to	ONLY this type(s) and percentage of available plan assets:
EACH plan you listed	□ 100% pre-tax (non-Roth) □ 100% after-tax (non-Roth) □ 100% Roth
in Section 2. For example, if you listed	
two plans and request	ONLY the following amounts drawn from this type(s) of available plan assets:
a \$5,000 distribution,	☐ Pre-tax (non-Roth) ☐ After-tax (non-Roth) ☐ Roth
we will withdraw \$5,000 from the first	Amount Fund Name or Number
plan and \$5,000 from	\$
the second.	☐ Pre-tax (non-Roth) ☐ After-tax (non-Roth) ☐ Roth
You may check more han one source type	Amount Fund Name or Number
for example, non-Roth	\$
and Roth).	☐ Pre-tax (non-Roth) ☐ After-tax (non-Roth) ☐ Roth
	Amount Fund Name or Number
	\$
Each state sets its own For residents of NY,	papply withholding on any taxable distribution (including any distribution that is eligible for rollover, but is not rolled over). In withholding rates and requirements on taxable distributions. We apply these rates unless you, or state law, direct otherwise. NM, NJ, ND, PA, IN and OH you must provide a dollar amount for state withholding if you would like it turn), otherwise no amount will be withheld.
For residents of CT, of	distributions from retirement plan accounts are subject to state tax withholding at the highest marginal rate (6.99%) unles a properly completed Form CT-W4P.
For U.S. Persons the withholding rate of 30 To request more than	minimum federal mandatory withholding rate of 20% will apply. For non-resident aliens, the minimum federal mandatory of will apply, unless the prevailing tax treaty rate applies because you have a valid IRS Form W-8BEN on file with Fidelity. In 20% withheld for a distribution less than 10 years please download, complete, print, and sign a copy of the IRS Form ertificate for Nonperiodic Payments and Eligible Rollover Distributions found here: https://www.irs.gov/forms-pubs/
	t of tax withheld will be calculated on, and subtracted from, the amount of your distribution. Amounts withheld may be at you actually owe in taxes. To review the Special Tax Notice for details, go to fidelity.com/atwork.
	State
Account's lego residential addre	
determines wh state's tax rules ap	27
	\$
	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.

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6. Delivery Method

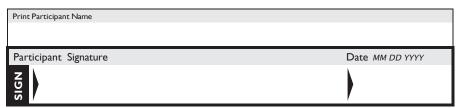
Electronic Funds Transfer (EFT) Eff' is laready set up on account. Allow 3 business days. Skip to Section 7. To confirm or add new EFT information to your retirement plan account, legion to NeiBenefits To confirm or add new EFT information to your retirement plan account, legion to NeiBenefits To confirm or add new EFT information to your retirement plan account, legion to NeiBenefits Check	o. Delivery	711001		
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. (Jogin to NetBenefits information. Inf		Electronic Funds Transfer (El	FT)	
Check Check sent to mailing address Default if no choice indicated. Allow 7 business days. In when your distributed and are estimates. In ot guarantees. In other was a subject of the control of the control of the control of the default of the control of the con	provide any required	☐ EFT is already set up on account	t Allow 3 business days. Skip to Section	
Check sent to mailing address Default if no choice indicated. Allow 7 business days. and are estimates. Interest of the 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.	nsaction timings start	Check		
This option not available for PO Box or foreign addresses. Deposit Allow 3 business days. Deposit in the Following of the PO Box or foreign addresses. Deposit in the Following of PO Box or foreign addresses. Deposit in the Following of PO Box or foreign addresses. 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 assest 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 expited 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 NOTARY SEAL / STAMP	request is approved,	☐ Check sent to mailing address	Default if no choice indicated. Allow 7 b	ousiness days.
This option not available for PO Box or foreign addresses. Deposit Allow 3 business days. Deposit into Fidelity non-retirement account: Account Namber 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 expi • Acknowledge that you cannot take back your consent unless your spouse allows you to, and files a new form with Fidelity. Price Spouse Name Spouse Signature Date MM DD YYYY The Additionary Plan Representative Witness Notary Plan Representative Name Notary Plan Representative Signature Date MM DD YYYY Notary Plan Representative Signature Date MM DD YYYY Date MM DD YYYY Notary Plan Representative Signature Date MM DD YYYY Date MM DD YYYY Notary Plan Representative Signature Notary Plan Representative Signature Notary Plan Representative Signature Date MM DD YYYY	,			ount. Allow 2 business days.
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 expited and survivor annuity. Agree that if the distribution described in this form is not processed within 180 days of the date you sign this form, your consent expited and survivor annuity. Agree that if the distribution described in this form is not processed within 180 days of the date you sign this form, your consent expited and survivor annuity. Agree that if the distribution described in this form is not processed within 180 days of the date you sign this form, your consent expited and survivor annuity. Agree that if the distribution described in this form is not processed within 180 days of the date you sign this form, your consent expited and survivor annuity. Print Spouse Name Spouse Signature Date MMDD YYYY NOTARY SEAL/STAMP NOTARY SEAL/STAMP NOTARY SEAL/STAMP NOTARY SEAL/STAMP	J. J. T.		x or foreign addresses.	
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SIGN	Print Notary/Plan Represe	ntative Name		▼ NOTARY SEAL/STAMP ▼
	Notary/Plan Repres	entative Signature	Date MM DD YYYY	
	Z			
(Notary only.) My commission ends on/	Sign		,	
(Notary only.) My commission ends on/				•
	(Notary only.) My cor	nmission ends on//	·	

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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.

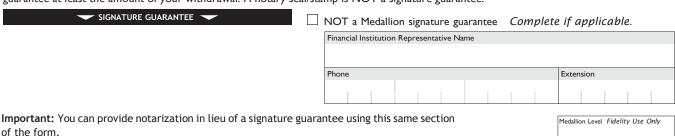


If the retirement plan requires a signature from the plan sponsor in Section 9, you do not need a signature guarantee. If the retirement plan does NOT require a plan sponsor signature, you will need a signature guarantee if either of two cases applies:

- 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.



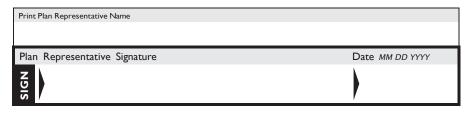
9. Plan Sponsor Approval

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 If applicable 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.



Did you print and sign the form, and attach any necessary documents? Did ALL required individuals sign? Send the ENTIRE form and any necessary documents to IBEW Local 683 Fringe Benefit Funds.

Questions?
Call 844-683-0683, business days from 8 AM to St. Louis MO 63139

On this form, "Fidelity" means Fidelity Investments Institutional Operations Company LLC. 584358.13.0

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