

Distribution—Rollover

Use this form to request a rollover 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), log into your workplace retirement savings plan at www.NetBenefits.com and under *Quick Links*, select *Summary*
- 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 cash or hardship) 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 rollover 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 9).

Address			
City	State/Province	Zip/Postal Code	Country

2. Employer and 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(s), go to mysavingsatwork.com or call your plan sponsor.

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

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. You must be at least 59½ (for 457(b), 70½).*
- 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.*

Form continues on next page. ►►

4. Rollover Distribution Request

You can rollover all plan assets or you can customize your distribution by asset type, amount, and destination. If your rollover is to a Fidelity IRA and the funds held in your retirement account are available in the IRA, generally your assets will be transferred "in kind;" however, there are exceptions such as in the case of money market funds or advisor funds. Please call Fidelity to verify which funds will not be rolled over "in kind." Your available plan assets may be less than your plan(s) value. If your request involves a distribution to multiple destinations, some parts of your rollover may go through on different days with different share prices. *Make sure that your choices are consistent with the table below and with the assets you are rolling over.*

Asset Type	Generally May Be Rolled Into	
Pre-Tax (non-Roth)	Rollover IRA, Roth IRA, Employer-Sponsored Plan	<ul style="list-style-type: none"> Rolling non-Roth assets into a Roth IRA is a "conversion" and makes you responsible for any resulting taxes. Roth assets cannot be rolled into a Rollover IRA. If you want to roll Roth assets into an employer-sponsored plan, make sure that the plan accepts Roth assets. A Rollover IRA can be either an Individual Retirement Account or an Individual Retirement Annuity.
After-tax (non-Roth)	Rollover IRA, Roth IRA, Employer-Sponsored Plan	
Roth	Roth IRA, Employer-Sponsored Plan	

Move ALL Plan Assets

Choose a destination account, and indicate its type, for each asset type in your plan. Provide any required information.

Destination(s)

Retirement account for non-Roth assets:

Rollover IRA Roth IRA Employer-sponsored plan

Investment Provider or Employer-Sponsored Plan Name	Fidelity Account Number <i>If applicable</i>

Send non-Roth after-tax contributions directly to you by check *If you do not indicate this choice, these assets will be included in the rollover check made out to the firm indicated above.*

Rollover a percentage of pre-tax assets and send the rest (including any after-tax assets) directly to you by check:

For Rollover	%

Retirement account for Roth assets:

Roth IRA Employer-sponsored plan

Investment Provider or Employer-Sponsored Plan Name	Fidelity Account Number <i>If applicable</i>

Send Roth after-tax contributions directly to you by check *If you do not indicate this choice, these assets will be included in the rollover check made out to the firm indicated above.*

Rollover a percentage of pre-tax assets and send the rest (including any after-tax assets) directly to you by check:

For Rollover	%

Move SOME Plan Assets

Choose ONLY one source option and provide any required information.

Source

This amount, drawn proportionately from ALL available plan assets:

Amount
\$

100% of these available plan assets ONLY:

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

Choose a destination account, and indicate its type, for each asset type in your plan. Provide any required information.

Destination(s)

Retirement account for non-Roth assets:

Rollover IRA Roth IRA Employer-sponsored plan

Investment Provider or Employer-Sponsored Plan Name	Fidelity Account Number <i>If applicable</i>

Retirement account for Roth assets:

Roth IRA Employer-sponsored plan

Investment Provider or Employer-Sponsored Plan Name	Fidelity Account Number <i>If applicable</i>

Form continues on next page. ►►

5. Tax Withholding

For U.S. Persons the minimum federal mandatory withholding rate of 20% will apply on taxable benefits not rolled over. 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.

You can indicate a higher withholding rate if you choose, but if you indicate no rate, or a rate below an applicable federal minimum, by law we must withhold the applicable minimum. If you are under age 59½, a 10% early distribution tax penalty may apply.

For residents of **NY, NM, NJ, ND, PA** and **RI**, 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.

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 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 Non-Periodic Payments and Eligible Rollover Distributions found here: <https://www.irs.gov/forms-pubs/about-form-w-4r>. To review the Special Tax Notice for details, go to fidelity.com/atwork.

State

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

Residents of **NY, NM, NJ, ND, PA** and **RI** ONLY. Withhold state taxes in the amount of:

\$

Do NOT withhold state taxes unless required by law

6. Delivery Method

You will receive a check for any rollover to a non-Fidelity plan or account (payable to the firm that holds your destination account) and for any non-Roth distributions (payable to you). Transaction timings start from when your distribution request is approved, and are estimates, not guarantees.

Check
This option not available for PO Box or foreign addresses.

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.*

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
SIGN ▶	▶

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
SIGN ▶	▶

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
SIGN ▶	▶

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 your distribution is more than \$100,000 and it is not going to a Fidelity account.

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 distribution. A notary seal/stamp is NOT a signature guarantee.

▼ SIGNATURE GUARANTEE ▼

NOT a Medallion signature guarantee *Complete if applicable.*

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 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.

Print Plan Representative Name	
Plan Representative Signature	Date MM DD YYYY
SIGN ▶	▶

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 4:30 PM (CST).

Return this completed form:

Regular Mail
IBEW Local 683
Fringe Benefit Funds
PO Box 39387
St. Louis MO 63139

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