Trust Company of America
Institutional Advisor Services

403(b) and 457 CUSTODIAL ACCOUNT DISTRIBUTION REQUEST

General Instructions

Use these instructions to complete the 403(b), 403(b) Roth, and 457 Custodial Account Distribution Request form.

Purpose of this form. This form is required to request a one-time distribution from a 403(b), 403(b) Roth, or a 457 custodial account by ACH, check, or wire. It is also required to establish, change, or cancel a systematic distribution from a 403(b), 403(b) Roth, or a 457 custodial account. *Note: Only one set of instructions should be submitted on this form.*

Important: If you are a beneficiary of a 403(b), 403(b) Roth, or 457 custodial account and are requesting a distribution due to death, complete the Beneficiary Distribution Request form.

Important: This form cannot be used to transfer assets from your Trust Company 403(b), 403(b) Roth, or 457 custodial account to a retirement account in your name at another trustee or custodian. Use the new custodian's transfer form to complete this type of action. An affirmation signed by your employer approving the distribution is required either by letter of instruction or on the new custodian's paperwork.

Important: This document uses the term 'employer' to imply 'plan trustee' or 'plan administrator'.

Distribution fees. There may be fees associated with your distribution request, including but not limited to:

- Wire fees
- Check fees
- Overnight mail fees

Important: Applicable distribution fees will be deducted from your account balance. *Note: For information on distribution fees for this request, contact your investment advisor.*

All fields are required unless noted. All fields are required unless designated as 'if applicable'. 'If applicable' indicates the section or entry is required if certain conditions apply. These conditions are outlined in detail in these instructions.

You must **complete all required fields and provide all required additional forms and documentation** to expedite processing and to avoid requests for additional information.

Print or type all entries. Print clearly in all CAPITAL LETTERS to complete this form. To type entries, a fillable PDF of this form can be found online at www.trustamerica.com/advisor-forms.

Section 1: Request Type

Check the appropriate box to indicate the type of action you want to take with this form.

Change a systematic distribution. Provide account information in Section 2 and information to be changed in Sections 4, 5, 6, and 7 as applicable.

Cancel a systematic distribution. Select what type of systematic distribution should be cancelled. If the account has more than one systematic distribution, indicate the distribution amount and the withdrawal schedule of the systematic distribution to cancel.

Important: Trust Company will only accept one type of request per form. To provide a one-time distribution request and systematic distribution instructions, submit two forms.

Section 2: Account

A. Account Type

Check the box indicating the retirement account type and then select if it is a new or existing account. For an existing account, provide the Trust Company account number. For a new account, provide the appropriate Trust Company account application with this form.

B. Account Owner

Enter the account owner information for this account exactly as it appears on your Trust Company account. For new accounts, enter the account name exactly as it is written on the application form.

Section 3: Reason for Distribution

Your 403(b), 403(b) Roth, or 457 custodial account is governed by the Plan Documents. The Plan Documents outline when and why you may take distributions from the account.

Important: The signature of your Employer or Approved Provider is required in Section 9 to approve the distribution from the Plan.

Even with a signature granting approval, the reason for distribution must be completed for IRS reporting purposes. In most situations, Trust Company is required to issue a Form 1099-R for distributions from your 403(b), 403(b) Roth, or 457 account. Depending on the nature of the distribution, the distribution may or may not be taxable. *Note: For additional information on approved reasons for distributions and their tax consequences, consult your employer or tax advisor.*

Select one of the following distribution reasons.

- **Normal distribution.** (age 59½ or older.) Also used for Required Minimum Distribution (RMD) or if you intend to rollover the distribution to another retirement account within 60 days.

- **Separation from service.** Use if you are no longer employed by the organization.

- **Financial hardship.** Your employer confirms if you have met the established safe harbor guidelines set by the IRS.

  Important: A financial hardship requires your employer to sign in Section 9.

- **Disability distribution.** (under age 59½; not subject to 10% early withdrawal penalty.) Under Internal Revenue Code an individual is deemed to be disabled if "he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration." *Note: The Social Security definition of disability does not apply here. Proof of disability may be required by the IRS. The 10% early withdrawal penalty is not imposed on distributions taken due to disability that meets the IRS definition.*

- **Divorce distribution.** (under age 59½, not subject to 10% early withdrawal penalty, one-time distribution only.) Use this method to move all or a portion of your 403(b), 403(b) Roth, or 457 account to a former spouse under a Qualified Domestic Relations Order (QDRO).

  Important: Delivery method must be by internal transfer to a Trust Company account.

  Important: A divorce requires your former spouse to complete their personal information and sign in Section 10, in addition to your signature in Section 8. *Note: All information and required signatures must be submitted on one form. Do not send a copy of the QDRO to Trust Company.*

Section 4: Distribution Amount

Complete either the full distribution instructions in Section 4A or the partial distribution instructions in Section 4B.

Liquidate assets for cash distribution. To liquidate assets for a full or partial distribution in cash, contact your investment advisor to initiate any liquidations required. If your investment advisor needs to liquidate assets to cover the requested cash, the distribution will not be processed until the settlement date for the sells. *Note: If you request to liquidate an asset that cannot be liquidated, we will return the*

paperwork to your investment advisor for clarification and no action will be taken on the request.

A. Full Distribution Instructions, if applicable

For full distributions, select the Full Cash Distribution checkbox. *Note: Distributions requiring the liquidation of assets will be processed after all liquidating trades have settled.*

Important: If you are requesting a full distribution, all systematic distributions for the account will be stopped upon receipt of this distribution request.

B. Partial or Systematic Distribution Instructions, if applicable

For partial or systematic distributions, select the appropriate type of distribution and provide the requested information, if applicable.

- **Dividends and interest only.** All dividends and interest earned by the account during the systematic period will be distributed. *Note: For systematic distributions only.*

- **Gross cash amount.** The gross cash amount is the amount before any tax withholding has been applied. Provide the gross cash amount for any distribution reason, including requesting a RMD amount that has been calculated by you or your tax advisor. *Note: For a systematic distribution, enter the gross cash amount to withdraw each period.*

- **The Required Minimum Distribution (RMD) amount.** Trust Company will calculate your RMD amount based on the information provided in this section. *Note: May be delivered one-time or by a systematic distribution.*

  Full RMD amount. Trust Company will calculate and distribute the total RMD amount for the year. *Note: Any previous distributions for the year will be ignored.*

  Remaining RMD balance. Trust Company will calculate the total RMD amount for the year, subtract any previous distributions for the year, and distribute the remaining amount.

  Important: The RMD calculation will be based on the information available to Trust Company. The account owner is responsible for notifying Trust Company if there are any outstanding rollovers, outstanding transfers, conversions, or recharacterizations that are not reflected on the previous year-end statement.

  Important: Trust Company will calculate the RMD using the Uniform Lifetime Table unless the sole beneficiary is a spouse more than 10 years younger than the account owner. If the spouse beneficiary is more than 10 years younger, Trust Company will calculate the RMD using the Joint Life Expectancy Table.

Section 5: Withholding

Important: The distributions you receive from your retirement account are subject to federal and possibly state income tax. Even if you elect not to have tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your withholding or payments of estimated tax, if any, are not adequate. *Note: For additional information, consult your tax advisor or the IRS concerning your withholding election.*

A. Federal Withholding

Check the box indicating the federal withholding and the percent or amount to be withheld or specify that you want no Federal tax withheld. *Note: The total amount withheld must be no less than 20%.*

Important: If no selection is made, federal tax withholding of 20% will be withheld. If your reason is Financial Hardship, Disability, or your amount is RMD, you can elect to an amount under 20% or elect not to have federal income tax withheld.

Important: If your distribution has mandatory withholding requirements, federal withholding of 20% may be processed even if the 'I elect not to have federal income tax withheld' box is checked.

B. State Withholding

Check the box indicating the state withholding and the percent or amount to be withheld or specify that you want no state tax withheld. *Note: All state withholding will be rounded to the nearest whole dollar. The account's legal address of record at the time of the distribution determines the state withholding requirements.*

Important: State withholding is not available for all states. For a list of states available for withholding and the withholding rules by state, refer to the Trust Company Withholding Information document found online at www.trustamerica.com/advisor-forms.

Important: If your state has mandatory withholding requirements, state withholding may be processed even if the 'I elect not to have state income tax withheld' box is checked or no state withholding box is checked.

Section 6: Distribution Frequency

Select the appropriate distribution frequency.

Systematic distribution. Select the Systematic Distribution checkbox and complete the schedule information. *Note: Allow up to 7 days from receipt of this form for the systematic distribution to be activated, changed, or cancelled.*

Important: Your first distribution may be delayed to the next scheduled date if this form is received less than 8 days before your first requested withdrawal.

Note: Systematic distributions will be withdrawn from the models in the account according to the account's model distribution percentages.

Section 7: Distribution Method

Select the appropriate distribution method.

Important: Funds sent overnight via check or wired may be subject to a fee, which will be deducted from your account balance. Your investment advisor can provide you with fee information regarding this transaction.

- **By electronic transfer.** Select the type of electronic transfer and provide the bank information below. If you select the Voided Check Provided box, provide a blank check with this form. If you select either Checking Account or Savings Account, enter your banking information. *Note: Allow 1-2 business days for delivery from the processed date for ACH, and the same or next business day for wires.*

  Important: All systematic distributions will be processed by ACH, even if the By Wire box is selected.

- **By check.** Select the appropriate box indicating the payee and address information for this request. *Note: Allow up to 10 business days for delivery of mailed checks. Overnight delivery is not available for P.O. Box addresses. If no election is made, a check will be sent to the address of record, payable to the account owner.*

- **By internal transfer/direct rollover to my Trust Company account.** This method transfers the cash to another Trust Company retirement or non-retirement account in your name.

  Check the box indicating if it is a new or existing account. For new accounts, enter the type of account and attach the appropriate Trust Company account application to this form. For existing accounts, provide the Trust Company account number and account type.

Important: *For a direct rollover into your qualified plan account, the plan's authorized trustee or administrator must sign Section 11 or you can include* a separate Letter of Acceptance, referencing this request, from the authorized plan trustee or administrator.

Section 8: Signature

Sign and date the form.

Section 9: Employer or Approved Provider Affirmation

Provide signature of approved provider or employer to authorize distribution.

Section 10: Divorce Certification, if applicable

Provide your former spouse's name, social security number, and date of birth. Your former spouse must sign and date the form. *Note: All information and required signatures must be submitted on one form. Do not send a copy of the QDRO to Trust Company.*

Section 11: Qualified Plan Acceptance of an Internal Transfer/Direct Rollover, if applicable

An authorized plan trustee or administrator for the receiving qualified plan, such as a 401(k), Profit Sharing Plan (PSP), and Money Purchase Pension Plan (MPPP), must sign this section approving and accepting delivery of the assets specified, or you can attach a separate Letter of Acceptance referencing this request.

Return your completed form as instructed by your investment advisor or your client representative. Questions regarding this form should be directed to your investment advisor.

Trust Company of America
Institutional Advisor Services

403(b) and 457 CUSTODIAL ACCOUNT DISTRIBUTION REQUEST

Trust
Trust Company of America

SECTION 1: Request Type

Select one:
☐ Request One-time, Full Distribution
☐ Request One-time, Partial Distribution
☐ Establish Systematic Distribution
☐ Change Systematic Distribution, provide information in Sections 2, 4, 5, 6 and 7 as applicable and sign in Section 8
☐ Cancel Systematic Distribution, provide information below and in Section 2 and sign in Section 8.

To cancel a systematic distribution, select one:
☐ Cancel the sole systematic distribution currently on file
☐ Cancel the specified systematic instructions listed below:

_____
Distribution Amount Withdrawal Schedule

SECTION 2: Account

A. ACCOUNT TYPE

Select one: ☐ 403(b) ☐ 403(b) Roth ☐ 457

Select one: ☐ New account ☐ Existing account

_____
Trust Company Account Number, if applicable

B. ACCOUNT OWNER

_____
First Name MI Last Name

_____
Last 4 Digits of Social Security Number Date of Birth

SECTION 3: Distribution Reason

IMPORTANT: The signature of your Employer or Approved Provider is required in Section 9 to approve the distribution from the Plan. Even with a signature granting approval, the reason for distribution must be completed for IRA reporting purposes.

Select one:

☐ **Normal distribution.** (age 59½ or older.) Also select for a Required Minimum Distribution (RMD).

☐ **Separation from service.**

☐ **Financial hardship.**

☐ **Disability distribution.** (under age 59½; distribution not subject to 10% penalty tax) By checking this box, I certify that this distribution meets all the disability requirements of the IRS.

☐ **Divorce distribution.** By checking this box, I certify that I agree to the divorce certification terminology in Section 10. *Note: Delivery method must be by internal transfer/direct rollover to a Trust Company account. Complete and have your former spouse sign in Section 10.*

SECTION 4: Distribution Amount

IMPORTANT: To liquidate assets for a full, partial, or systematic distribution in cash, contact your investment advisor to initiate any asset liquidations required. If your investment advisor needs to liquidate assets to cover the requested cash, the distribution will not be processed until the settlement date for the sells.

_____
Trust Company Account Number

SECTION 4: Distribution Amount Continued

A. FULL DISTRIBUTION INSTRUCTIONS, if applicable

☐ **Full cash distribution.** Confirm that my investment advisor has liquidated all assets in my account, send the total balance of my entire account, and close my account.

B. PARTIAL OR SYSTEMATIC DISTRIBUTION INSTRUCTIONS, if applicable

Select one:

☐ **Dividends and interest only.** *Note: Systematic distributions only.*

☐ **Gross cash amount** of $ _____.
Note: Provide amount before tax withholding.

☐ **The Required Minimum Distribution (RMD) amount.** Provide the following information for the calculation.

Type of RMD, select one:

☐ Full RMD amount for this account
☐ Remaining RMD balance for this account

Answer true or false:

I have designated my spouse or a qualifying trust (where my spouse is the sole primary beneficiary of the trust) as sole primary beneficiary of my account AND my spouse is at least 10 years younger than I.

☐ True ☐ False

If the above statement is true, enter the following information:

_____
Spouse's Date of Birth

SECTION 5: Withholding

A. FEDERAL WITHHOLDING

Select one:

☐ Withhold federal income tax of _____% or $ _____ from the amount distributed. *Note: The total must be no less than 20% unless your reason is Financial Hardship, Disability, or your amount is RMD.*

☐ I elect not to have any federal income tax withheld. *Note: To elect no federal withholding, Trust Company must have a street address on file for your account.*

IMPORTANT: If no selection is made, federal tax withholding of 20% will be withheld. If your reason is Financial Hardship, Disability, or your amount is RMD, you can elect to withhold an amount under 20% or elect not to have federal income tax withheld. If your distribution type has mandatory withholding requirements, federal withholding may be processed even if the 'I elect not to have federal income tax withheld' box is checked.

Even if you elect not to have tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your withholding or payments of estimated tax, if any, are not adequate.

SECTION 5: Withholding Continued

B. STATE WITHHOLDING

IMPORTANT: For a list of states available for withholding and their withholding rules, refer to the Trust Company Withholding Information document found online at www.trustamerica.com/advisor-forms. *Note: The account's legal address of record at the time of the distribution determines the state withholding requirements.*
Select one:

☐ Withhold state income tax of _____% or $ _____ from the amount distributed for the state in the address of record for this Trust Company account. *Note: Amounts will be rounded to the nearest whole dollar.*

☐ I elect not to have state income tax withheld.

IMPORTANT: If your state has mandatory withholding requirements, state withholding may be processed even if the 'I elect not to have state income tax withheld' box is checked or no state withholding box is checked.

SECTION 6: Distribution Frequency

Select one:

☐ **One-time distribution.**

☐ **Systematic distribution.** Provide the schedule information below.

IMPORTANT: It takes approximately 7 days from receipt of this form for the systematic distribution to be activated.

_____
Month to Begin Distributions

Frequency of Distributions
Select one: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Day of Month to Withdraw Distributions
Select one: ☐ 5th ☐ 15th (checks only) ☐ 25th

SECTION 7: Distribution Method

Select one:

IMPORTANT: Funds sent via check, overnight, or wired may be subject to a fee, which will be deducted from your account balance. Your investment advisor can provide you with fee information regarding this transaction.

☐ **By electronic transfer** *Note: Allow 1-2 business days for delivery from the processed date for ACH, and the same or next business day for wires.*

Select one:
☐ By ACH
☐ By wire

Select one:
☐ Voided check provided in lieu of bank information
☐ Checking account with the bank information below
☐ Savings account with the bank information below

_____
Bank Name ABA (Routing) Number

_____
Name on Bank Account

_____
Account Number

_____
Trust Company Account Number

SECTION 7: Distribution Method Continued

☐ **By check** *Note: Allow 10 business days for delivery.*

Select if applicable:
☐ Send check via overnight delivery (not available for P.O. Box addresses)

Select one:
☐ To the account owner (participant) at the address on record
☐ To the account owner (participant) at the address below
☐ To the third party payee at the address below

_____
Payable To

_____
For the Benefit Of (FBO), if applicable

_____
Mailing Address

_____
City State Zip+4

☐ **By internal transfer/direct rollover to a Trust Company account.** Move the requested cash specified in Section 4 into the Trust Company account listed below. *Note: If the receiving account is not an existing account, include the appropriate Trust Company account application.*

Select one: ☐ New account ☐ Existing account

_____
Trust Company Account Number Account Type

IMPORTANT: For a direct rollover into your qualified plan account, the plan's authorized trustee or administrator must sign Section 11 or you can include their Letter of Acceptance.

SECTION 8: Signature

I certify that I am the proper party to receive payment(s) from this 403(b), 403(b) Roth, or 457 account and that all information provided and the Plan Trustee is true and accurate. I further certify that no tax advice has been given by Trust Company of America. All decisions regarding this withdrawal are my own. I expressly assume the responsibility of any adverse consequences which may arise from the withdrawal and I agree that Trust Company of America shall in no way be held responsible.

In the event an ACH entry is incorrect, Trust Company of America reserves the right to submit correcting entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

By signing, I hereby agree to indemnify and hold harmless Trust Company of America, their successors and assigns, from and against any losses, claims, liabilities, damages, actions, charges, and expenses including attorney fees, resulting from Trust Company of America compliance with this request, including but not limited to transfer to another party.

I hereby request payment from the Qualified Retirement Plan designated above in the manner indicated. In addition, if I am eligible to waive the notice requirements under Sections 402(f), 417(a)(3) and 411(a)(11) of the Internal Revenue Code, I hereby waive the 30 day

SECTION 8: Signature Continued

notice period. I certify that my spouse has consented to waive their right for benefits paid in the form of a Qualified Joint and Survivor Annuity.

I certify that all information provided by me is true and accurate, and I agree to submit additional information if requested by the Plan Administrator (employer), financial organization (Prototype Sponsor), or any Plan fiduciary. No tax advice has been given by either the Plan Administrator or Prototype Sponsor. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences which may arise from this distribution and I agree that the Plan Administrator, Prototype Sponsor, and any Plan fiduciary shall in no way be responsible for those consequences.

Account Holder (Participant) Signature Date

Print Name

SECTION 9: Employer or Approved Provider Affirmation

Important: Required for all distribution type requests.

I am authorized to act individually, on behalf of the Employer or Approved Provider named below, with respect to providing the required affirmation and approving the distribution from this 403(b), 403(b) Roth, or 457 Custodial Account.

I certify that the spouse of the participant named above has consented to waive their right for benefits paid in the form of a Qualified Joint and Survivor Annuity.

If I am signing as an Approved Provider, I affirm that the Approved Provider named below has entered into an Information Sharing Agreement with the Employer.

Employer or Approved Provider Signature Date

Print Name

Employer or Approved Provider Firm Name

Trust Company Account Number

SECTION 10: Divorce Certification, if applicable

Note: All information and required signatures must be submitted on one form. Do not send a copy of the Qualified Domestic Relations Order (QDRO) to Trust Company.

Former Spouse Name

Social Security Number Date of Birth

We, the undersigned Account Owner and the Account Owner's former spouse, hereby request the transfer of cash and/or assets to the retirement account of the former spouse. The cash and/or asset amounts indicated on this form have been agreed to by both the Account Owner and the Account Owner's former spouse and the amounts are in accordance with the QDRO. We attest that the requested transfer meets all requirements of law and Trust Company of America plan documents. We agree to indemnify and hold Trust Company harmless from and against any and all claims including, but not limited to, damages, court costs and legal fees resulting from reliance or action taken in reliance upon the information provided on this form as received by Trust Company and that Trust Company bears no responsibility for verifying the accuracy of the transfer instructions provided to it.

Former Spouse Signature Date

SECTION 11: Qualified Plan Acceptance of an Internal Transfer/Direct Rollover, if applicable

The undersigned trustee or plan administrator is authorized and approves the direct rollover of assets into the qualified plan designated in Section 7 and agrees to accept the assets being transferred into the qualified plan account.

Plan Trustee or Administrator Signature Date

Print Name

Plan Title

- End of Form -