



# 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 electronic file). If you need more room for information or signatures, 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 or go to [fidelity.com/atwork](http://fidelity.com/atwork).
- 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 automatic, 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.

## 1. Account Owner/Participant

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

Not married  Married *Your spouse may need to sign this form. Ask your employer 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.*

*To get your plan number(s), go to [netbenefits.com/profile](http://netbenefits.com/profile) or call the employer sponsoring your plan(s).*

**Plan Type(s) and Number(s)** *List ONLY plans sponsored by the employer named below.*

401(a)	401(k)	403(b)	457(b)
Plan Number	Plan Number	Plan Number	Plan Number

*To request distributions from different employers, submit separate forms.*

Name of Employer Sponsoring Plan(s)
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## 3. Reason for Distribution *Required by federal tax law and your plan.*

*Check ONLY one. Contact the employer sponsoring your plan(s) to confirm which reasons your plan(s) accepts and whether you qualify.*

### Former Employees

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

### Current Employees

- Qualified by age *Age requirement varies by plan type. You must be at least 59½ (for 457(b), 70½).*
- Other *Must be specified in your plan.*
- 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 3. 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:

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. 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](http://fidelity.com/atwork).

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.

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.

### Federal

- Withhold federal taxes at the rate of:

Percentage
.0%

Note that if there is federal withholding, certain states require that there also be state withholding.

### State

- Withhold state taxes at the applicable rate
- Do NOT withhold state taxes unless required by law

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

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

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

**Electronic Funds Transfer (EFT)** At least one owner's name must be exactly the same on both accounts.

- EFT is already set up on account Allow 3 business days. Skip to Section 7.
- Set up EFT to bank or credit union account: Allow 18-21 business days (includes verification, set-up and transaction processing).
- Checking Provide account information or attach voided check.    Savings Provide deposit slip.

Ask your bank for the routing number. ▶

Bank Routing Number <small>Nine digit number starting with 0, 1, 2, 3, or 4.</small>	Bank Name
Bank Account Number	Bank Account Owner(s) Name(s)

### 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 \_\_\_\_/\_\_\_\_/\_\_\_\_.

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

If the retirement plan requires a signature from the plan sponsor in Section 10, 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 and is not going to a Fidelity account, you are providing a new address, AND it's important that your transaction not be delayed by 15 days.
- Your distribution is more than \$100,000.

A Medallion signature guarantee must guarantee at least the amount of your distribution. A notary seal is **NOT** a signature guarantee.

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.

Medallion Level *Fidelity Use Only*

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

▼ SIGNATURE GUARANTEE ▼

The signature guarantee above is **NOT** a Medallion signature guarantee:

Financial Institution Representative Name	Phone	Extension





# 9. Plan Sponsor Approval

Consult the employer sponsoring your plan 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
	

<p><b>Did you print and sign the form, and attach any necessary documents? Did ALL required individuals sign?</b> Send the form and any necessary documents to Fidelity.</p> <p><b>Faxing</b> 1-877-330-2476 (ONLY if your request doesn't require spousal consent, a notary stamp, or a signature guarantee).</p> <p><b>Questions?</b> Go to <a href="http://fidelity.com/atwork">fidelity.com/atwork</a> or call 1-800-343-0860 (TTY, 1-800-259-9743), business days (except NYSE holidays) from 8 AM to midnight (ET).</p>	<p><i>Unless otherwise directed, deliver to:</i></p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Regular mail</b></td> <td style="width: 50%;"><b>Overnight mail</b></td> </tr> <tr> <td>Fidelity Investments</td> <td>Fidelity Investments</td> </tr> <tr> <td>PO Box 770002</td> <td>100 Crosby Parkway KC1E</td> </tr> <tr> <td>Cincinnati, OH 45277-0090</td> <td>Covington, KY 41015</td> </tr> </table>	<b>Regular mail</b>	<b>Overnight mail</b>	Fidelity Investments	Fidelity Investments	PO Box 770002	100 Crosby Parkway KC1E	Cincinnati, OH 45277-0090	Covington, KY 41015
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On this form, "Fidelity" means Fidelity Investments Institutional Operations Company, Inc.

