

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.
- 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 automatic, 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.

1. Account (Owner/Participant						
	Name	Social Security or	Taxpayer ID N	lumber			
				1 1			
	Date of Birth MM - DD - YYYY Evenin	ng Phone		Daytime Phone		_	
					1 1		
	Email						
	☐ Not married ☐ Married Your spouse may need to sign this form. Ask your employer or Fidelity.						
Address If the add	ress we have for you is correct, skip to Se	ection 2					
	Address	oction 2.					
Providing a new address may delay							
your check unless you get a signature guar-	City	State/Province	Zip/Postal Code	Country			
antee (see Section 8).							
To get your plan number(s), go to netbenefits.com/ profile or call the employer sponsoring your plan(s). To request distributions from different employers, submit separate forms. 3. Reason for the service of the ser	Plan Type(s) and Number(s) List C 401(a) 401(k) Plan Number Plan Number Name of Employer Sponsoring Plan(s)		oy the employer na 457(med below.			
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.						

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4. Distributi	on	Amount Your a	vailable plan assets may be less th	nan your plan value. Tax withholding may apply.
Choose ONLY one of the four distribution types and provide any required information.		ALL available plan asse ONLY this amount, drav	ts wn proportionally from all availab	le plan assets:
These instructions will be applied to		\$		
EACH plan you listed		ONLY this type(s) and p	ercentage of available plan asset	s:
in Section 3. For example, if you listed			Roth) 100% after-tax (non-R	
two plans and request		•	ounts drawn from this type(s) of a	
a \$5,000 distribution, ve will withdraw \$5,000			After-tax (non-Roth) Ro	·
from the first plan and 5,000 from the second.		Amount	Fund Name or Number	
You may check more		\$		
than one source type (for example, non-Roth		Pre-tax (non-Roth)	☐ After-tax (non-Roth) ☐ Ro	oth
and Roth).		Amount	Fund Name or Number	
		\$		
		☐ Pre-tax (non-Roth)	After-tax (non-Roth)	oth
		Amount	Fund Name or Number	
		\$		
5. Tax Withh	امد	dina		
For U.S. Persons the m holding rate of 30% wi You can indicate a high withhold the applicable Account's legal/ residential address determines which state's tax rules apply.	inimu Il app ner wi e min Fe	um federal mandatory with ally, unless the prevailing to the holding rate if you choos imum. If you are under as deral Withhold federal taxes Percentage Note certain state	whholding rate of 20% will apply. For ax treaty rate applies because you have the pose, but if you indicate no rate, or a ge 59½, a 10% early distribution tax at the rate of: that if there is federal withholding, in states require that there also be withholding.	for details, go to fidelity.com/atwork. If non-resident aliens, the minimum federal mandatory with- nave a valid IRS Form W-8BEN on file with Fidelity. If rate below an applicable federal minimum, by law we must to penalty may apply. State Withhold state taxes at the applicable rate Do NOT withhold state taxes unless required by law ion request is approved, and are estimates, not guarantees.
Choose ONLY one delivery method and	Ele	ectronic Funds Transf	er (EFT) At least one owner's n	ame must be exactly the same on both accounts.
provide any required		•	n account Allow 3 business days. Sk	ip to Section 7.
information.	Ш	Set up EFT to bank or of Allow 18-21 business days	credit union account: (includes verification, set-up and trans	saction processing).
			count information or attach voided chec	
		Bank Routing Number Nine of	ligit number starting with 0, 1, 2, 3, or 4.	Bank Name
Ask your bank for the routing number.	•			
J		Bank Account Number		Bank Account Owner(s) Name(s)
	Ch	eck		
This option not		Check sent to mailing a	ddress Default if no choice indicate	d. Allow 7 business days.
available for PO Box	• <u> </u>	Check sent by UPS deliv	ery A fee of \$25 will be deducted fron	n your account. Allow 2 business days.
or foreign addresses.	De	posit Allow 3 business a	lays.	
		Deposit into Fidelity no	n-retirement account:	
		Account Number		

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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	d and sworn to before me by
the above-named individual who is personally known to	me or who has produced		$_{ m -}$ as identification, that the
foregoing statements were true and accurate and made	e of his/her own free act and deed, on		
Print Notary/Plan Representative Name		→ NC	TARY SEAL/STAMP —
Notary/Plan Representative Signature	Date MM - DD - YYYY		
SIGN	•		

(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 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.
- \bullet 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

Date MM - DD - YYYY

Participant Signature

Participant Signature

Medallion Level Fidelity Use Only

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

Financial Institution Representative Name Phone Extension

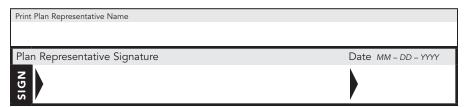
9. Plan Sponsor Approval

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 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 form and any necessary documents to Fidelity.

Faxing 1-877-330-2476 (ONLY if your request doesn't require spousal consent, a notary stamp, or a signature guarantee).

Questions? Go to fidelity.com/atwork or call 1-800-343-0860 (TTY, 1-800-259-9743), business days (except NYSE holidays) from 8 AM to midnight (ET).

Unless otherwise directed, deliver to:

Regular mail Fidelity Investments PO Box 770002 Cincinnati, OH 45277-0090 Covington, KY 41015

Overnight mail Fidelity Investments 100 Crosby Parkway KC1E

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