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 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).
• 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.

1. Account Owner / Participant

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security or Taxpayer ID Number</th>
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</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Address</th>
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City

State/Province

Zip/Postal Code

Country

Providing a new address may delay your check unless you get a signature guarantee (see Section 6).

2. Employer and Plan(s) Involved The distribution you request in Section 4 will apply to EACH PLAN listed here.

<table>
<thead>
<tr>
<th>Plan Type(s) and Number(s)</th>
<th>List ONLY plans sponsored by the employer named below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>401(a)</td>
<td></td>
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<tr>
<td>401(k)</td>
<td></td>
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<tr>
<td>403(b)</td>
<td></td>
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<tr>
<td>457(b)</td>
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</tbody>
</table>

Plan Number

Plan Number

Plan Number

Plan Number

Name of Employer Sponsoring Plan(s)

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 Distribution Required by federal tax law and your plan.

Check ONLY one.

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).

☐ Disability Varies depending on several factors; you will need to provide documentation to your employer.

☐ Other Must be specified in your plan.

Questions? Call 1-800-343-0860, business days from 8 AM to midnight Eastern Time.
4. Distribution Request  Your available plan assets may be less than your plan(s) value. Tax withholding may apply.

You can rollover all plan assets or you can customize your distribution by asset type, amount, and destination. If your request involves a distribution to multiple destinations, some parts of your rollover may go through on different days with different share prices.

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Generally May Be Rolled Into</th>
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<tbody>
<tr>
<td>Pre-Tax (non-Roth)</td>
<td>Rollover IRA, Roth IRA, Employer-Sponsored Plan</td>
<td></td>
</tr>
<tr>
<td>After-tax (non-Roth)</td>
<td>Rollover IRA, Roth IRA, Employer-Sponsored Plan</td>
<td></td>
</tr>
<tr>
<td>Roth</td>
<td>Roth IRA, Employer-Sponsored Plan</td>
<td></td>
</tr>
</tbody>
</table>

- 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.

Rollover ALL Plan Assets  Make sure that your choices are consistent with the table above and with the assets you are rolling over.

Use this option to move ALL available plan assets from one or more retirement plan(s) to another plan or account.

Choose a destination account, and indicate its type, for each asset type in your plan. Provide any required information. When done, skip to Section 5.

- Retirement account for non-Roth assets:
  - Rollover IRA
  - Roth IRA
  - Employer-sponsored plan

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

Rollover SOME Plan Assets  Make sure that your choices are consistent with the table above and with the assets you are rolling over.

Choose ONLY one source option and provide any required information.

Source

- 100% of these available plan assets ONLY:
  - Pre-tax (non-Roth)
  - After-tax (non-Roth)
  - Roth

- This amount, drawn proportionately from ALL available plan assets:

  Amount
  
  $

- This amount, drawn ONLY from these available plan assets:

  Amount
  
  $

- This amount, drawn ONLY from the following fund:

  Amount
  
  $
  
  Fund Name or Number

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

- Retirement account for pre-tax (non-Roth) assets:
  - Rollover IRA
  - Roth IRA
  - Employer-sponsored plan

- Retirement account for after-tax (non-Roth) assets:
  - Rollover IRA
  - Roth IRA
  - Employer-sponsored plan

- Retirement account for Roth assets:
  - Roth IRA
  - Employer-sponsored plan
5. 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
  - Default if no choice indicated. Allow 7 business days.
- Check sent to mailing address
  - Allow 7 business days.
- Check sent by UPS delivery
  - A fee of $25 will be deducted from your account. Allow 2 business days.

6. 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.

<table>
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<th>Print Spouse Name</th>
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<table>
<thead>
<tr>
<th>Spouse Signature</th>
<th>Date MM – DD – YYYY</th>
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**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 ____/____/______.

<table>
<thead>
<tr>
<th>Print Notary/Plan Representative Name</th>
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</table>

<table>
<thead>
<tr>
<th>Notary/Plan Representative Signature</th>
<th>Date MM – DD – YYYY</th>
</tr>
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</table>

(Notary only.) My commission ends on ____/____/______.
7. Signature and Date  Account owner/participant must sign and date.

If the retirement plan requires a signature from the plan sponsor in Section 8, 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 is not going to a Fidelity account.

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.

Print Participant Name

Date  MM – DD – YYYY

Plan Participant Signature

SIGN

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

Financial Institution Representative Name

Phone

Extension

8. 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.

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 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).

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