



The Directed Account Plan Systematic Withdrawal Payments

Plan Number: 21622

<u>PARTICIPANT NAME AND ADDRESS:</u> _____ _____ _____ _____	<u>PARTICIPANT INFORMATION:</u> SSN: _____ Date of Birth: _____ Daytime Phone: _____
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Payment Option: **Systematic Withdrawal Payments**

- Installments of \$ _____ each, paid monthly on the 15th
 _____ installments, paid monthly on the 15th (number of installments)

EFT (EFT information needs to be set up prior to requesting fund transfer via EFT)

Federal Income Tax _____ % or \$ _____

Election to Waive Joint and Survivor Annuity

I understand that if the Application is incomplete that it will be returned to me. I have read and understand the Special Tax Notice and the Participant Distribution Notice. If I am married I read and understand the Notice to Waive the Qualified Joint and Survivor Annuity (QJSA) including my right to wave the QJSA form of benefit, the waiver period, and that my spouse must consent to my waiver. The information in this Application is correct. I understand that some transaction that occur prior Fidelity's receipt of this Application may impact my request. I direct Fidelity Investments to process the distribution requested in this Application.

 Participant's Signature _____ Date _____ MARRIED: Yes No

Consent of Spouse to Waive Joint and Survivor Annuity

I, _____, hereby certify that I am the spouse of the Participant named above. I understand that, under the terms of the Plan, my spouse's retirement benefits are to be paid to me in the form of a Qualified Joint and Survivor Annuity (QJSA), unless I choose to give up that right. I agree that my spouse can receive the withdrawal amount shown above. By signing below, I hereby acknowledge that I understand: (1) that the effect of my consent may result in the forfeiture of benefits I would otherwise be entitled to receive upon my spouse's death; (2) that my spouse's waiver of the QJSA is not valid unless I consent to it; (3) that my consent is voluntary, (4) that my consent is irrevocable unless my spouse revokes the waiver to the QJSA; and (5) that my consent (signature) must be witnessed by a notary public.

 Date _____ Signature of Participant's Spouse (Must be witnessed by a Notary Public)

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 20____, before me appeared _____ who acknowledged herself or himself to be the person who executed the consent set forth above and acknowledged the consent to be his or her free act and deed.

Notary Public _____

SEAL:

My Commission expires: _____

WITHHOLDING TAX NOTICE

Please review carefully since taxes are remitted to the Internal Revenue Service and when applicable to a state revenue department as soon as a distribution occurs and cannot be returned to you or to your account. In some states, mandatory state income tax withholding may apply. If mandatory state income tax withholding does not apply you may elect not to have state income taxes withheld.

Federal income tax withholding on installment payments is based on the expected length of your payments. If your payments are projected to last fewer than 10 years and are not directed rolled over, the taxable portion of your distribution is subject to 20% mandatory federal income tax withholding. If your payments are projected to continue for 10 or more years income, tax withholding will be based on IRS wage withholding rates for a joint tax return with 3 exemptions unless you direct us to withhold at a different rate. If you are a nonresident alien 30% federal income tax withholding applies unless you include IRS Form W-8BEN with this form and federal law allows a lower withholding rate. If you are under age 59 ½ a 10% early distribution tax penalty may apply unless you qualify for an exemption from the penalty. Please understand that you may owe additional taxes in addition to the amount withheld.

I DO **DO NOT** want state tax withheld from my withdrawal distribution. Please note: In some states, tax withholding is mandatory.

State taxes withheld follow state guidelines: straight percent of withdrawal, or percentage of federal tax amount.

Note: Notwithstanding the above election, state income tax will be withheld if required.

This application must be received by Fidelity Institutional Retirement Services Co. on or before the Expiration Date listed above (if populated). Any exchanges or withdrawals made within your account after the time you requested this transaction and before actual processing may cause your transaction to be rejected.

Fidelity Investments Institutional Operations Company, Inc.