

Distribution — MRD

Use this form to request a Minimum Required Distribution (MRD) for the current, deferred, or a missed year from your 401(a), 401(k), 403(b), or 457(b) governmental employer plan. Do NOT use this form to request an MRD for the current year if your plan has arranged with Fidelity to automatically pay MRDs. Fill in by hand using CAPITAL letters and black ink, or on screen (if PDF).

Helpful To Know

sponsoring your plan.

- The IRS requires that you begin taking MRDs from retirement plans by April 1 of the year after you turn 70½ or you retire from the employer sponsoring your plan, whichever happens later.
- MRDs cannot be rolled over into any type of retirement plan.
- If you are a beneficiary or qualified domestic relations order (QDRO) alternate payee, call Fidelity instead of using this form.
- To request distributions for more than one plan, use a separate form for each plan.
- Many plans require plan sponsor approval of MRDs, even for participants who no longer work for the employer sponsoring the plan. To determine if you need approval for this MRD request, call your plan sponsor or Fidelity.

- Workplace retirement plan distributions may have tax consequences. You may want to consult a tax or financial professional.
- If your address has changed from the one Fidelity has on file, AND you are requesting more than \$10,000, be sure to submit this form by December 15 to ensure that your MRD occurs in the correct calendar year.
- To get your plan number(s), call your plan sponsor or go to fidelity.com/atwork.
- To validate your profile or change your address, go to netbenefits.com/profile or call Fidelity.
- For other types of distributions in addition to your MRD 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.

Form continues on next page.

1. Account Owner/Participant

	Name			Social Security or Taxpayer ID Number						
	Date of Birth MM DD YYYYY	Evening Phone			Daytime	Phone				
	E-mail									
	☐ Not married ☐	Married ▷ Your spouse m	ay need to sigr	n this form. Ask you	ur emplo	yer or F	idelity.			
Address										
If the address we have for you is correct, skip to Section 2.	Address									
	City	State/Pr	rovince	Zip/Postal Code	С	ountry				
2. Plan Invol	ved				·					
To get your plan	Plan Number	Name of Employer Sponsoring Pl	an							

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3. Year(s) fo	r Which You are Requesting an MRD					
Check any that apply and provide any required information.	 □ This year AND future years ▷ Complete "Recurring Payments" below. □ This year This year ONLY Distribution will be paid immediately upon approval of your request. □ Deferred MRD from last calendar year Applies ONLY if you have deferred your FIRST required MRD. Distribution will be paid immediately upon approval of your request. □ Missed MRD from more than one year ago: Do NOT combine with deferred MRD from last calendar year. Applies ONLY if you have not taken the MRD(s) for an earlier year(s). Distribution will be paid immediately upon approval of your request. Missed Year YYYY Missed Year YYYY Missed Year YYYY 					
Recurring Paymen	ts					
this section. Examples month (29th - 31st), c	u checked the first option above. We may sometimes make payments earlier or later than the date(s) you request in s include payments that are scheduled for a day when the stock market is closed or for a day that doesn't exist in ever payments scheduled close to the beginning or end of the year. Be sure that your date of first payment is at least 10 at when you mail this application.					
Check one pay- ment frequency and provide date.	☐ Once a year ☐ Once a month ☐ Every 3 months ☐ Twice a month					
	culation Method					
	on IRS life-expectancy tables, go to www.irs.gov/pub/irs-pdf/p590.pdf.					
Check ONLY one calculation option	Fidelity-Calculated Options ☐ Use the Uniform Lifetime Table Appropriate for most plan participants. ▷ Default if no choice indicated.					
and provide any required information.	Use the Joint Life and Last Survivor Expectancy Table: Your spouse MUST be your sole beneficiary and be MORE than ten years younger than you.					
	Spouse's Date of Birth MMDD YYYY This calculation method results in lower payments than using the Uniform Life Table.					
	Calculation Adjustments for 403(b) Plan Pre-1987 Balances					
olan participants who are under 75. Check only one.	You may exclude plan assets accumulated as of December 31, 1986 from your MRD calculation, provided that they were accounted for separately by Fidelity.					
	☐ Include ALL available plan assets when calculating MRD ☐ Default if no choice indicated and if no previous exclusion is on file at Fidelity for your plan.					
	Exclude adjusted December 31, 1986 plan balance on record at Fidelity when calculating MRD Available ONLY for a ONE-TIME distribution that is a portion of your total MRD.					
	Self-Calculated Option					
403(b) plan par- ticipants. To learn	Use the following amount:					
more, call Fidelity.	Amount \$					

Form continues on next page.

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5. Tax Withholding

Account address ▶ Federal Withholding

If you are a U.S. person but do NOT make a federal tax selection below, the IRS requires us to withhold federal taxes — we will withhold at the rate for a married person with 3 dependents. 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. Each state sets its own withholding rates and requirements on taxable distributions. We apply these rates unless you, or state law, direct otherwise.

For residents of CT, NY, NM, NJ, ND, PA and RI, you must provide a dollar amount for state withholding if you would like it withheld (\$10 minimum), otherwise no amount will be withheld.

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. Taxes will not be withheld if the distribution amount is less than the federal or state tax withholding threshold for your marital status and number of exemptions. For recurring payments, the withholding instructions you provide here will remain in effect for this account until you give us new instructions.

State Withholding

on file at Fidelity determines which state's tax rules apply.	 Withhold federal taxes based on marital status and number of exemptions. Note that if there is federal withholding, certain states require that there also be state withholding. □ Add an additional dollar amount of: ■ Amount (\$10 minimum) This dollar amount will be withheld in addition to any amount calculated based on your marital status and number of exemptions. □ Do NOT withhold federal taxes 	Withhold state taxes at the applicable rate In addition to the applicable rate, withhold a dollar amount of: Withhold (\$10 minimum) Residents of CT, NY, NM, NJ, ND, PA and RI ONLY. Withhold state taxes in the amount of: Withhold (\$10 minimum) \$			
	Marital Status for Filing ☐ Married filing jointly ☐ Married filing as individual ☐ Single	☐ Do NOT withhold state taxes unless required by law			
6. Delivery N	Number of Exemptions Exemptions Provide number (typically you plus the number of your dependants, but can be any number). Method				
Choose ONLY one de	livery method and provide any required information. The meth n. Transaction timings start from when your distribution reques				
If your request is received after December 1 (or March 1 if deadline is April 1) your payment, or first yearly payment, may be sent by regular mail.	Electronic Funds Transfer (EFT) At least one owner's name must be exactly the same on botl EFT is already set up on account Allow 3 business days. Ski Set up EFT to bank or credit union account: Allow 13-16 business days (includes verification, set-up, and tran Checking Provide account information or attach voided checking Number Nine digit number starting with 0, 1, 2, 3, or 4.	ip to Section 7. saction processing).			
Ask your bank for the routing number.		Bank Account Owner(s) Name(s)			
For one-time pay- ments ONLY; not available for PO Box or foreign address.	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. ☐ Deposit Allow 3 business days. ☐ Deposit into Fidelity non-retirement account: Fidelity Non-Retirement Account Number				
		Form continues on next page.			

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7. Spouse's Consent If not married, or if plan does not require spouse's consent, skip to Section 8.

If your spouse's signature is required, then it must either be notarized OR, if allowed by your plan, be witnessed by a plan representative. A signature guarantee is NOT a notary seal.

By signing below, you, the spouse:

- 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 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			
N B I B I				

▼ NOTARY SEAL/STAMP **▼**

(Notary only.) My commission ends on ____/____.

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

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, if applicable, the Forms of Benefit Notice and the Notice of the Waiver of the Qualified Joint and Survivor Annuity.

Print Participant Name	
Participant Signature	Date MM DD YYYY
SIGN	

Form continues on next page.

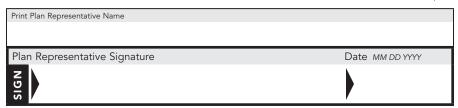
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9. Plan Sponsor Approval Plan representative to complete, if required by your plan.

Participant's Date of H	Hire MM DD YYYY	Separation Date If app	olicable 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 ENTIRE form and any necessary documents to Fidelity.

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

Fax 1-877-330-2476

Overnight mail Fidelity Investments 100 Crosby Parkway KC1E Covington, KY 41015

On this form, "Fidelity" means Fidelity Investments Institutional Operations Company, Inc. $591742.4.0\ (08/2013)$

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