

Distribution—RMD Recurring Payments

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

Helpful To Know

- The IRS requires that you begin taking RMDs 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.
- RMDs 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 RMDs, even for participants who no longer work for the employer sponsoring the plan. To determine if you need approval for this RMD 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 RMD 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 RMD 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 (In CAPITAL Letters): | | Social Security or Taxpayer ID Number | |
| Date of Birth MM DD YYYY | Evening Phone | Daytime Phone | |
| E-mail | | | |

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.

| | | | |
|---------|----------------|-----------------|---------|
| Address | | | |
| City | State/Province | Zip/Postal Code | Country |

2. Plan Involved

To get your plan number, go to fidelity.com/atwork or call the employer sponsoring your plan.

| | |
|-------------|----------------------------------|
| Plan Number | Name of Employer Sponsoring Plan |
|-------------|----------------------------------|

Form continues on next page. ►►



3. Payments Schedule

We may sometimes make payments earlier or later than the date(s) you request in this section. Examples include payments that are scheduled for a day when the stock market is closed or for a day that doesn't exist in every month (29th-31st), or payments scheduled close to the beginning or end of the year. Be sure that your date of first payment is at least 10 days later than the date when you mail this application. Fund- and Source-specific RMD recurring payments are not allowed.

Check one payment frequency and provide date.

- Once a year
- Once a month
- Every 3 months
- Twice a month

| Date of FIRST Payment MM DD YYYY | | | |
|----------------------------------|--|--|--|
| | | | |

Payments will continue until available plan assets are depleted or you tell us to stop them.

4. RMD Calculation Method

For more information on IRS life-expectancy tables, go to <https://www.irs.gov/pub/irs-pdf/p590b.pdf>.

Check ONLY one calculation option and provide any required information.

Fidelity-Calculated Options

- Use the Uniform Lifetime Table Appropriate for most plan participants. ▶ Default if no choice indicated.
- 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 MM DD YYYY | | | |
|-----------------------------------|--|--|--|
| | | | |

This calculation method results in lower payments than using the Uniform Life Table.

Form continues on next page. ▶▶



5. Tax 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 **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.

For residents of CT, distributions from retirement plan accounts are subject to state tax withholding at the highest marginal rate (6.99%) unless you have submitted a properly completed Form CT-W4P.

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.

Account address on file at Fidelity determines which state's tax rules apply.

Federal Withholding

- Do NOT withhold federal taxes
- Withhold federal taxes at the rate of:

| | | |
|------------|-----|-----------------|
| Percentage | .0% | Must be 10%–99% |
|------------|-----|-----------------|

- 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. Additional dollar amount cannot be in percentage. |
|-----------------------|----|---|

Provide additional dollar amount per payment.

Marital Status for Filing

- Single Married

Number of Exemptions

| | |
|------------|---|
| Exemptions | Provide number (typically you (1) + the number of your dependents, but this can be any number). |
|------------|---|

State Withholding

- Withhold state taxes at the applicable rate
- In addition to the applicable rate, withhold a dollar amount of:

| | |
|-------------------------|----|
| Withhold (\$10 minimum) | \$ |
|-------------------------|----|

- Residents of **NY, NM, NJ, ND, PA** and **RI** ONLY. Withhold state taxes in the amount of:

| | |
|-------------------------|----|
| Withhold (\$10 minimum) | \$ |
|-------------------------|----|

- Do NOT withhold state taxes unless required by law

6. Delivery Method

Choose ONLY one delivery method and provide any required information. The method you choose will be used for any payment(s) requested on this form. Transaction timings start from when your distribution request is approved, and are estimates, not guarantees.

Electronic Funds Transfer (EFT) *If EFT information provided is incorrect then transaction will be defaulted to check.*

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.*
To confirm or add new EFT information to your retirement plan account, login to NetBenefits

Check

- Check sent to mailing address *Default if no choice indicated. Allow 7 business days.*

Deposit *Allow 3 business days.*

- Deposit into Fidelity non-retirement account:

| |
|--|
| Fidelity Non-Retirement Account Number |
|--|

Check ONLY one delivery method and provide any required information. Transaction timings start from when your distribution request is approved, and are estimates, not guarantees.

Form continues on next page. ►►



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 ____/____/_____.

Seal impression must be photo-reproducible.



| | |
|---------------------------------------|-----------------|
| Print Notary/Plan Representative Name | |
| 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.*

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.

| | |
|-----------------------|-----------------|
| Participant Signature | Date MM DD YYYY |
| SIGN ▶ | ▶ |

If the retirement plan requires a signature from the plan sponsor in Section 9, 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, it is not being sent using EFT already set up on your account, you are providing a new address, AND it's important that your transaction not be delayed by 10 days.
- Your distribution is more than \$100,000.

Form continues on next page. ▶▶





Signature Guarantee

You can get a signature guarantee from most banks, credit unions, and other financial institutions. A Medallion signature guarantee must guarantee at least the amount of your withdrawal. A notary seal/stamp is NOT a signature guarantee.

▼ SIGNATURE GUARANTEE ▼

NOT a Medallion signature guarantee *Complete if applicable.*

| | |
|---|-----------|
| Financial Institution Representative Name | |
| | |
| Phone | Extension |
| | |

Important: You can provide notarization in lieu of a signature guarantee using this same section of the form.

| |
|--|
| Medallion Level <i>Fidelity Use Only</i> |
|--|

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

| | | |
|---------------------------------------|--|-------------------------|
| 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 ▶ | ▶ |

| | | | | | | | | | | | |
|--|---|---------------------|-----------------------|----------------------|----------------------|---------------|-------------------------|---------------------------|---------------------|---------------------------|--|
| <p>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.</p> <p>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).</p> | <p><i>Unless otherwise directed, deliver to:</i></p> <table> <tr> <td>Regular mail</td> <td>Overnight mail</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> <tr> <td>Fax 1-877-330-2476</td> <td></td> </tr> </table> | Regular mail | Overnight mail | Fidelity Investments | Fidelity Investments | PO Box 770002 | 100 Crosby Parkway KC1E | Cincinnati, OH 45277-0090 | Covington, KY 41015 | Fax 1-877-330-2476 | |
| Regular mail | Overnight mail | | | | | | | | | | |
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| Cincinnati, OH 45277-0090 | Covington, KY 41015 | | | | | | | | | | |
| Fax 1-877-330-2476 | | | | | | | | | | | |

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