

Distribution—RMD Annual One-Time Payment

Use this form to request a Required Minimum Distribution (RMD) 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 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 generally requires that you begin taking RMDs from retirement plans by April 1 of the year after you attain RMD age or you retire from the employer sponsoring your plan, whichever happens later. Participants who are 5% owners must begin taking RMDs from retirement plans by April 1 of the year after attaining RMD age. Special rules may apply to pre-1987 amounts in 403(b) plan accounts.
- 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
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Form continues on next page. ►►

3. Year(s) for Which You Are Requesting an RMD

Check any that apply and provide any required information.

- ☐ This year *This year ONLY. Distribution will be paid immediately upon approval of your request.*
- ☐ Deferred RMD from last calendar year *Applies ONLY if you have deferred your FIRST required RMD. Distribution will be paid immediately upon approval of your request.*
- ☐ Missed RMD from more than one year ago:
Do NOT combine with deferred RMD from last calendar year. Applies ONLY if you have not taken the RMD(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			

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.

ONLY for 403(b) plan participants who are under 75. Check only one.

Calculation Adjustments for 403(b) Plan Pre-1987 Balances

You may exclude plan assets accumulated as of December 31, 1986 from your RMD calculation, provided that they were accounted for separately by Fidelity.

- ☐ Include ALL available plan assets when calculating RMD
▷ 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 RMD
Available ONLY for a ONE-TIME distribution that is a portion of your total RMD.

For 403(b) plans: Use this option to request an amount which includes (aggregated) RMDs from other 403(b) plans.

Self-Calculated Options

- ☐ Use the following amount:

Amount
\$

For all plan types: Use this option to request a portion of the Fidelity calculated RMD.

Important: The IRS may impose a 25% penalty on any RMD amounts you fail to take for the year.

Form continues on next page. ►►

5. Tax Withholding

Fidelity will withhold income taxes from the taxable portion of the distribution based on your account address on file at Fidelity and your elections, as described below. The amount of tax withheld will be calculated on, and subtracted from, the taxable amount of your distribution. Amounts withheld may be less or more than what you actually owe in taxes. To request a change to your federal withholding from your required minimum distribution payment please download, complete, print, and sign a copy of the IRS Form "W-4P Withholding Certificate for Periodic Pension or Annuity Payments" found here: <https://www.irs.gov/forms-pubs/about-form-w-4-p>

State Withholding. Each state sets its own withholding rates and requirements on taxable distributions. You may make an election regarding state tax withholding, but if you do not, state taxes will be withheld to the extent required by law. 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 at the time unless you have submitted a properly completed Form CT-W4P to Fidelity.

- ☐ Withhold state taxes at the applicable rate.
 - ☐ In addition to the applicable rate, withhold an additional dollar amount of \$_____ (\$10 minimum). *This amount cannot be a percentage.*
- ☐ Residents of **NY, NM, NJ, ND, PA** and **RI** only. Withhold state taxes in the amount of \$_____ (\$10 minimum). *This amount cannot be a percentage.*
- ☐ Do not withhold state taxes unless required by law.

2. US Citizens and Resident Aliens with Addresses Outside of the 50 United States or the District of Columbia

You cannot elect out of withholding, but can make a withholding election to reduce your withholding by providing the W-4P as described above. You must provide IRS Form W-9 prior to receiving a distribution from the plan to avoid being treated as a non-resident alien for tax purposes. The form can be found at www.irs.gov or <https://www.irs.gov/forms-pubs/about-form-w-9>. Please return the Form W-9 with this form upon return to Fidelity. State withholding does not apply.

3. Non-Resident Aliens Regardless of Address

If you are not a U.S. citizen or resident alien (that is, you are a non-resident alien), the minimum federal mandatory withholding rate of 30% will apply unless you provide a valid IRS Form W-8BEN and the prevailing tax treaty rate applies to the country of residence indicated on the form. Failure to provide the proper form can result in unexpected tax withholding and reporting. The form can be found at www.irs.gov or <https://www.irs.gov/forms-pubs/about-form-w-8-ben>. Please attach the proper form with this Form upon return to Fidelity. State withholding may apply.

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

For one-time payments
ONLY; not available
for PO Box or
foreign address. ►

- ☐ 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. ►►

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
SIGN ▶	▶

Seal impression must be photo-reproducible.

▼ 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.
- I certify that I have reviewed the current year IRS Form W-4P and my federal withholding election is appropriate.

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.

▼ SIGNATURE GUARANTEE ▼

☐ NOT a Medallion signature guarantee *Complete if applicable.*

Financial Institution Representative Name	
Phone	Extension

Medallion Level *Fidelity Use Only*

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

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 ▶	▶

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 or for the hearing impaired dial 711, business days (except NYSE holidays) from 8 AM to midnight (ET).

Unless otherwise directed, return this completed form:

Digitally using the NetBenefits® Mobile App

Download the NetBenefits® app through the App Store® or Google Play™ store.

Tap: Actions > Send a Document

Or use one of these alternate methods:

Regular Mail

Fidelity Investments
PO Box 770002
Cincinnati, OH 45277-0090

Overnight Mail

Fidelity Investments
100 Crosby Parkway, KC1E
Covington, KY 41015

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

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