401 MONEY PURCHASE PLAN
BENEFIT WITHDRAWAL FORM - PAGE 1 OF 3

ICMA RETIREMENT CORPORATION

- Use this form to schedule and/or request a withdrawal from your retirement account.
- This is a three-page form. Please complete each page. Please print legibly in blue or black ink.
- Please complete parts 1 and 2 and then proceed as directed.

1 Participant Information

Employer Plan Number 107228 **Employer Plan Name** State of Colorado **State** CO **Marital Status** ☐ Married ☐ Single

Social Security Number ___ - __ - ____

Date of Birth __ - __ - ____ (Month Day Year)

Daytime Phone Number ___ - ___ - ____ (Area Code)

Full Name of Participant

Last First M.I.

Mailing Address/Street:

City: State: Zip Code: ___ - ____

Date of Hire: __ - __ - ____ (Month Day Year)

2 Payment Date Selection/Last Day of Employment

All Information in this box MUST be completed to avoid a delay in processing.

Last Day of Employment:

__ - __ - ____ (Month Day Year)

Beginning Payment Date (Select only one):

(This selection may be changed at any time. The date selected cannot be later than April 1 of the calendar year after the year in which you reach age 70½ or the year of your retirement, if later.)

☐ __ - ____ (Month Year)

☐ As soon as possible

3 Reason for Withdrawal

Please select only one box.

☐ Retirement ☐ Disability ☐ Employment Termination

☐ Withdrawal From Voluntary After-Tax Contributions Account ☐ Other. Please describe_____

4 Choosing A Payment Schedule

Select only one option and complete as directed.

OPTION A

☐ **Qualified Joint and Survivor Annuity**

{Unless waiver in this packet is executed, this payment form is mandatory for married participants with vested account balances of less than $1,000.} THIS AUTHORIZES THE PURCHASE OF AN ANNUITY.

Name of Spouse

Last First M.I.

Spouse's Social Security Number ___ - __ - ____

Date of Birth of Spouse __ - __ - ____ (Month Day Year)

OPTION B

☐ **Scheduled Installment payments** (COST-OF-LIVING ADJUSTMENT (COLA) AVAILABLE)

Circle one schedule frequency:
- Monthly
- Quarterly
- Semi-Annual (only in 6 month intervals)
- Annual

Choose one cycle: (please circle)
- Cycle 1 (Wednesday following first Tuesday of the month)
- Cycle 2 (Wednesday following second Tuesday of the month)
- Cycle 3 (Wednesday followiing third Tuesday of the month)
- Cycle 4 (Wednesday following fourth Tuesday of the month)

Select *one* option:

☐ Payments of $_____ until account is exhausted (payments must be a minimum of $100)

☐ Payments estimated to exhaust account over a specified number of years

Choose one of the following:

☐ Number of years _____

☐ Over my life expectancy

☐ Over joint life expectancy - Beneficiary's date of birth _____ ☐ Spouse ☐ Non-Spouse

☐ **Check here if you wish your payment to include an automatic cost-of-living-adjustment.**

☐ **This schedule is 72(t) compliant (See instructions on page 6 and 7 before checking).**
I understand that in the event that this schedule does not comply with the 72(t) rules I may be subject to additional taxes and penalties.

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BENEFIT WITHDRAWAL FORM - PAGE 2 OF 3

ICMA RETIREMENT CORPORATION

Employer Plan Number **Employer Plan Name** **State**

Social Security Number **Daytime Phone Number**

Area Code

Full Name of Participant

Last First M.I.

4 Choosing A Payment Schedule (continued)

OPTION C

❒ **Frational Payments** (COST-OF-LIVING ADJUSTMENT (COLA) NOT AVAILABLE)

PLEASE CIRCLE ONE	(a)
Monthly	12
Quarterly	4
Semi-Annual	2
Annual	1

payments to exhaust over exactly _____ (b) years = [ ] (= (a) x (b)) exact number of payments fractional payments

Note: This schedule will last the time period you choose.Payment amounts are dictated by your account balance and will fluctuate up or down depending on market conditions and the funds you are invested in.

Choose one cycle: (please circle)

Cycle 1 (Wednesday following the first Tuesday of the month)
Cycle 2 (Wednesday following the second Tuesday of the month)
Cycle 3 (Wednesday following the third Tuesday of the month)
Cycle 4 (Wednesday following the fourth Tuesday of the month)

OPTION D

❒ Partial payment of $ ___ ___ ___, ___ ___ ___ . ___ ___

OPTION E

❒ Partial payment of $ ___ ___ ___, ___ ___ ___ . ___ ___
and subsequent installment starting ___ ___ (Month) ___ ___ ___ ___ (Year)

(You must also complete Option B or C)

OPTION F

❒ Lump-sum distribution of entire account balance

OPTION G

❒ Other payment schedule or purchase of an immediate annuity. Call Investor Services at 1-800-669-7400 for assistance. Please describe:

_____

_____

_____

DEPLETION ORDER

❒ If you are selecting an installment payment (Option B, C, D, E or possibly G) and wish to select the order to redeem your funds, please list those funds below. Please Note: You can only select a maximum of six (6) funds. After the account balance of the sixth fund listed has been depleted, your withdrawals will be prorated amongst all of your remaining funds.

First Fund _____ Second Fund _____ Third Fund _____

Fourth Fund _____ Fifth Fund _____ Sixth Fund _____

5 Withholding Election

Federal:

Complete IRS Form W-4P if your distribution is not an eligible rollover distribution (see *Special Tax Notice Regarding Plan Payments*). If your distribution is not an eligible rollover distribution and you **DO NOT** complete the Form W-4P, income tax will automatically be withheld at the rate specified by current Internal Revenue Service requirements **WHICH IS THE RATE FOR A MARRIED PERSON WITH 3 EXEMPTIONS. STATE INCOME TAX WITHHOLDING WILL DEPEND UPON STATE RULES.**

State:

Please declare your intended residency state IF DIFFERENT from the state noted under the mailing address in Section 1:____ ____.
State

If applicable, for state withholding, obtain and submit a state withholding form. (Some states allow you to indicate your withholding allowance on a second federal Form W-4P.)

State tax withholding forms equivalent to the federal W-4P are available in most cases via the Internet. Your employer's Human Resources Department should also have forms available to you.

Important: Remember to print legibly in black or blue ink.

03/2002

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ICMA RETIREMENT CORPORATION

Employer Plan Number **Employer Plan Name** **State**

Social Security Number **Daytime Phone Number**
Area Code

Full Name of Participant
Last First M.I.

6 (a) Participant Signature

I acknowledge that I received and reviewed a general description of distribution rights; the *Special Tax Notice Regarding Plan Payments*; and the *Notice, Explanation and Waiver of Qualified Joint and Survivor Annuity* within the 90-day period ending on my proposed beginning payment date as specified in Part 2.

As required by law and under penalty of perjury, I certify that the Social Security Number (Taxpayer Identification Number) I provided is correct.

Participant Signature: _____ Date: ___ ___ ___ ___ ___ ___ ___ ___
Month Day Year

6 (b) Participant Signature

I hereby waive the 30-day waiting period required under §§402(f), 411(a)(11) and 401(a) (11) of the Internal Revenue Code, as described in the *Special Tax Notice Regarding Plan Payments*.

Participant Signature _____ Date: ___ ___ ___ ___ ___ ___ ___ ___
Month Day Year

6 (c) Spousal Signature

I hereby consent to my spouse's waiver of the 30-day waiting period required under §401(a) (11) of the Internal Revenue Code.

Spousal Signature _____ Date: ___ ___ ___ ___ ___ ___ ___ ___
Month Day Year

Note: Married participants choosing a payment option other than Option A in Part 4 must obain a spouse's waiver on the *401 Waiver of Qualified Joint & Survivor Annuity Form*.

7 Send Payment To

Send payment to (select only one of the following):

- ❒ Electronic Direct Deposit (complete the accompanying *Direct Deposit Authorization Form*)
- ❒ Permanent Address
- ❒ Alternate address (mailing address different from mailing address in Section 1):
  Address: _____
  City _____ State ___ ___ Zip Code ___ ___ ___ ___ ___ - ___ ___ ___ ___
- ❒ Check mailed to Financial Institution (complete the accompanying *Direct Deposit Authorization Form*)

8 Employer Authorization

For Employer Use Only

Note: Employer signature is required only on the initial request, if ICMA-RC has not previously been notified of the participant's separation.

Authorized Signature _____

Name of Authorizing Official (Please Print) _____

Authorizing Official's Title _____

Vesting Status: _____%

Important: Remember to print legibly in black or blue ink.

03/2002