

PERSONAL INFORMATION (please print clearly using black or blue ink)

NAME: _____ SOCIAL SECURITY NUMBER: _____
ADDRESS: _____ APT: _____
CITY: _____ STATE: _____ ZIP CODE: _____
DAY PHONE: _____ EVENING PHONE: _____
EMAIL: _____ DATE OF BIRTH: ____/____/____
EMPLOYER NAME: _____ MARITAL STATUS: MARRIED UNMARRIED

INSTRUCTIONS

1. Please review and complete all applicable sections of this form to enable prompt processing.
2. All checks issued by Voya Financial are mailed to your current address on record. You can not use this form to change your address. Before submitting this form, please go online at PERASmartSave.voya.com or contact a Customer Service Associate at 1-833-424-7283 (SAVE) (TTD/TTY users call 1-800-579-5708) to verify that the Plan has your current address. Failure to do so may result in your check being mailed to the incorrect address. If the address on record is incorrect and you are actively employed, please contact your employer to update your current address or if you have separated from service, please contact the plan. Verify that the Plan has been updated prior to submitting this form.
3. Sign and mail your form for processing.

PLEASE NOTE: AN INCOMPLETE APPLICATION OR NOT SUPPLYING ALL REQUIRED DOCUMENTATION WILL CAUSE A DELAY IN RECEIVING YOUR CHECK.

EMPLOYMENT STATUS

EMPLOYED SEPARATED FROM SERVICE SEPARATION DATE _____

DISTRIBUTION CHOICES FOR CURRENTLY EMPLOYED PARTICIPANTS

Funds for distribution will be withdrawn based on the plan's distribution withdrawal hierarchy.

- Rollover Source Withdrawal** AMOUNT \$ _____
Withdrawal of non-Roth funds that were rolled into your account from a previous employer's plan
- Age 70 ½ Withdrawal** AMOUNT \$ _____
Withdrawal of funds for participants that have attained age 70 ½
- De Minimus (Full Distribution Only)** AMOUNT \$ _____
The total balance is under \$5,000, no contributions have been made to the account during the two year period immediately preceding the withdrawal you have not taken a de minimus withdrawal previously. A de minimus withdrawal cannot be rolled.

DISTRIBUTION CHOICES FOR PARTICIPANTS SEPARATED FROM SERVICE (ONLY CHECK 1 BOX)

Funds for distribution will be withdrawn based on the plan's distribution withdrawal hierarchy.

- Full Distribution**
Complete distribution of your vested account balance

- Partial Distribution** AMOUNT \$ _____
Partial distribution of your vested account balance

- Required Minimum Distribution**
Distribution of annual IRS required amount for terminated participants that will be at least 70 ½ years of age during the current year. This amount is not eligible for rollover.

- Rollover Source Distribution** AMOUNT \$ _____
Distribution of non-Roth funds that were rolled into your account from a previous employer's plan

- Partial Roth Distribution** AMOUNT \$ _____
Distribution of Roth funds

ROLLOVER OPTIONS

You must complete either the section entitled *Distribution Choices for Currently Employed Participants* or the section entitled *Distribution Choices for Participants Separated From Service*, in addition to this *Rollover Options* section.

If a dollar amount has not been provided, a full rollover will be processed. Check will be mailed to your home address. If an RMD is due in current year, that amount cannot be rolled over and it will be sent in a separate check payable to you.

Rollover Amount \$ _____

If selecting less than 100% rollover, the remainder of the requested funds will be taxed as outlined below and made payable to you.

- Rollover to an eligible plan**
- Rollover to an IRA (traditional)**
- Rollover to a Roth IRA**

Check made payable to (Institution): _____ Account Number: _____

For Roth Rollovers:

Check made payable to (Institution): _____ Account Number: _____

Please note that by using your social security number as the account number we will print this on your rollover check and distribution statement.

FEDERAL AND STATE INCOME TAX WITHHOLDING

Tax Withholding Elections: Regardless of whether or not federal or state income tax is withheld, you are liable for taxes on the taxable portion of the payment. If you do not have a sufficient amount withheld, you may be subject to tax penalties under the Estimated Tax Payment rules. An election made for a single non-recurring distribution applies only to the payment for which it is being made. You are responsible for understanding and planning for the tax implications of any withdrawal. You may wish to contact your financial/tax advisor before submitting this form.

FEDERAL WITHHOLDING RULES

Eligible rollover distribution – 20% withholding: Distributions you receive from qualified pension or annuity plans that are eligible to be rolled over tax free to an IRA or another qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required and you cannot opt out of income tax withheld from eligible rollover distributions. You may elect withholding in excess of the mandatory 20% rate.

Non-eligible rollover distribution – 10% withholding: Non-eligible rollover payments from pensions, annuities, and IRA's are subject to a flat 10% federal withholding rate unless you choose not to have federal income tax withheld. These include for example, required minimum distributions and hardship withdrawals. You can choose not to have withholding applied to your non-eligible rollover distribution by checking the applicable box below. You may also elect withholding in excess of the flat 10% rate.

FEDERAL WITHHOLDING INSTRUCTIONS

DO NOT withhold any federal income tax unless mandated by law

DO withhold federal taxes

Additional amount you want withheld from your payment(s) \$ _____ (Note: This amount is in addition to the standard federal withholding rate applicable to your distribution.)

Notice: Payments to non-resident aliens are subject to a 30% federal withholding tax, and U.S. persons with a residential mailing address outside the United States may be subject to a 30% federal withholding tax, unless they are eligible for a reduced rate or exemption under a tax treaty and the required IRS tax forms are submitted.

STATE WITHHOLDING INSTRUCTIONS:

DO NOT withhold any state income tax unless mandated by law

DO withhold state taxes in the amount of \$ _____ or _____% (If you make this election, a dollar amount or percentage must be specified and cannot be less than any required withholding.)

Note: If no state withholding election is checked above or if your state requires a greater amount of withholding, we will withhold at the rate specified by your state of residence for the type of payment you are receiving. In some cases, your state specific withholding election form is required to opt out of withholding or to choose a rate other than the state's default rate. Refer to your plan's website and/or your State Department of Taxation for details.

HOW WOULD YOU LIKE TO RECEIVE YOUR WITHDRAWAL?

Once the withdrawal is processed, the funds will be available within 2 - 3 business days for distribution.

First class mail at no additional charge. If you previously set up an ACH Direct Deposit election and you choose this option, in advance of submitting this distribution request, you must delete your banking information from your file either online or with a Customer Service Associate. If you do not delete the banking information, your distribution request will be directly deposited based on the banking instructions you have on file. You will not receive a check.

Expedited delivery. I understand I will pay a nonrefundable fee of \$50 which will be deducted from my account. If you previously set up an ACH Direct Deposit election and you choose this option, in advance of submitting this distribution request you must delete your banking information from your file either online or with a Customer Service Associate. If you do not delete the banking information, your distribution request will be directly deposited based on the banking instructions you have on file. You will not receive a check.

Automated Clearing
House Note: You must already have banking information on file with the Plan for at least 7 days in order for this payment to be deposited to your bank via ACH.

AUTHORIZATION

The participant/beneficiary/alternate payee certifies that to the best of his/her knowledge and belief the information provided on this form, including Social Security Number or Taxpayer Identification Number, is accurate and complete. The individual receiving this payment acknowledges that he or she has received and understands the "Special Tax Notice Regarding Plan Payments" and affirmatively elects to waive the 30-day notice period required by applicable income tax regulations. If applicable, 20% withholding will be applied to the payment unless the Rollover Options section is completed.

PARTICIPANT'S SIGNATURE _____ **DATE** _____

CHECKLIST

PLEASE REVIEW YOUR APPLICATION CAREFULLY.

- Liquidated self-managed accounts and transferred back into your plan's designated investments when requesting a distribution that requires funds held in it
- Confirmed that your address on file matches your current address
- Included your termination/retirement date if requesting a separated from service distribution
- Made your distribution selection according to status (active or separated from service) and indicated the amount or percent where required
- Indicated your rollover institution and account number if you are requesting a rollover
- Selected a delivery method and removed ACH information on file if requesting a check
- Made your tax elections
- Signed and dated this form

If you have any questions or need to obtain additional plan or account information, please go online at PERASmartSave.voya.com or call the PERA SmartSave Service Center at 1-833-424-7283 (SAVE) (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 7:00 A.M. to 7:00 P.M. Mountain Time (excluding stock market holidays).

If your application is complete, please mail or fax the application to:

VIA FAX
Voya Financial
Attn: PERA SmartSave
1-844-299-2373

VIA MAIL
Voya Financial
Attn: PERA SmartSave
P.O. Box 24747
Jacksonville, FL 32241-4747

VIA OVERNIGHT DELIVERY
Voya Financial
Attn: PERA SmartSave
8900 Prominence Parkway
Jacksonville, FL 32256-8264