

# Death Benefit Claim Request Governmental 457(b) Plan

Refer to the Death Benefit Claim Guide while completing this form. Use blue or black ink only.

## CERF Savings Plan - 457 Plan

98993-01

### Decedent's Information

Last Name			First Name			MI			Social Security Number								
City, State and Country of Legal Domicile at Time of Death												Account Extension (if applicable)					
Mo			Day			Year			Mo			Day			Year		
Date of Birth						Date of Death											

### Claimant's Information

Last Name			First Name			MI			Specify Claimant's relationship to the decedent:											
Address - Number & Street												Has this account already been transferred to the Claimant? <input type="checkbox"/> Yes <input type="checkbox"/> No								
City			State			Zip Code			Is Claimant a U.S. citizen or resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No											
( )			( )			Mo			Day			Year			Is Claimant a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete information below regarding minor's representative.					
Home Phone						Work Phone						Date of Birth								

### Minor's Representative Information

Relationship to Minor														
Last Name			First Name			MI			Address - Number & Street					
City				State				Zip Code						

### Tax Identification Number

If Claimant is an individual, provide the Social Security number. If Claimant is not an individual, such as a trust or estate, provide the taxpayer identification number ("TIN").

Social Security Number						Taxpayer Identification Number					
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### Type of Claim (check all that apply) Effective Date \_\_\_\_\_

- Leave Funds in the Account** (Subject to minimum distribution rules and Plan document provisions)
  - Spousal Beneficiary
  - Non-spousal Beneficiary
- Full Distribution of Claimant's Share**



\_\_\_\_\_  
Last Name                      First Name                      MI                      Social Security Number

**Periodic Payment of Claimant's Share**

Payment Start Date: \_\_\_\_\_ Frequency:     Monthly     Quarterly     Semi-Annually     Annually

Payment of an Amount Certain \$ \_\_\_\_\_

Payment for a Period Certain (Years) \_\_\_\_\_

Required Payment Based Upon Claimant's Life Expectancy (available only to individual Claimants)

**Fixed Annuity of Claimant's Share**

Purchase Date: \_\_\_\_\_ Payment Start Date: \_\_\_\_\_

Frequency:     Monthly     Quarterly     Semi-Annually     Annually

Income of an Amount Certain \$ \_\_\_\_\_

Income for a Period Certain (Years) \_\_\_\_\_

The following options have monthly frequencies:

Fixed Life Annuity With Guaranteed Period (attach copy of birth certificate or driver's license)

5, 10, 15, 20 years (circle one)

Fixed Life Annuity - Life Only, No Death Benefit (attach copy of birth certificate or driver's license)

Joint Life (attach copies of both birth certificates or drivers' licenses) With     50% Survivor Benefit     100% Survivor Benefit

Guaranteed Period     No     Yes    If yes, circle one: 5, 10, 15, 20 years

Co-Annuitant's Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Direct Rollover** - Provide company information.

Amount \$ \_\_\_\_\_

Direct Rollover to an Eligible Plan/Traditional IRA (Spousal Claimants Only):

Governmental 457(b)     401(a)     401(k)     403(b)

Traditional IRA

Direct Rollover to an inherited IRA (Non-Spousal Claimants may only elect a direct rollover to an inherited IRA)

If you are a Claimant requesting a full withdrawal as a direct rollover and the minimum distribution requirements have not been met, provide the amount of your required minimum distribution below. Note: The required minimum distribution cannot be rolled over. If you have not yet satisfied the minimum distribution requirements for the year, your required amount must be distributed prior to processing a rollover.

Required minimum distribution amount \$ \_\_\_\_\_

Do you wish to have 10% federal income tax withheld from your required minimum distribution?     Yes     No

Additional amounts may be withheld at your request \$ \_\_\_\_\_

**Company Information**

\_\_\_\_\_  
Company or Trustee's Name (to whom the check should be made payable)

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
(       )

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Last Name                      First Name                      MI                      Social Security Number

**Claim Delivery**

**Check**    Mailing Address - \_\_\_\_\_

**Express Delivery** - \$25.00 non-refundable charge - Not available for periodic/fixed annuity payments. Express delivery available Monday through Friday only. Not available to P.O. boxes.

**ACH** - Available on periodic/fixed annuity payments at no charge. Available on one-time full/partial distribution payment to self for a \$15.00 non-refundable charge. ACH credit can only be made into a United States financial institution.

Checking Account - must attach preprinted voided check

Savings Account - must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes Claimant's name, savings account number and ABA routing number

\_\_\_\_\_  
Financial Institution Name                      Account Number                      ABA Routing Number

\_\_\_\_\_  
Financial Institution Mailing Address                      City                      State/Zip Code

**Federal and State Income Tax Withholding**

**Federal Income Tax** - No federal income tax will be withheld from direct rollovers. Twenty percent (20%) mandatory federal income tax withholding will apply to all distributions to spousal Claimants that are eligible for rollover, but are not rolled over. For all other payments to spousal Claimants and payments to non-spousal Claimants, federal income tax will be withheld at the rate of 10%, unless Service Provider is directed otherwise below.

Do NOT withhold federal income tax from Claimant's distribution, if not mandatory.

If Claimant would like **additional** federal income tax withheld, indicate amount \$ \_\_\_\_\_ or \_\_\_\_\_% of the claim amount.

If Claimant is electing a periodic payment for a period certain of 10 years or longer or for his/her life expectancy, or a fixed annuity for a period certain of 10 years or longer, he/she may complete and attach IRS Form W-4P. You may obtain a Form W-4P at <http://www.irs.gov>.

**State Income Tax** - For all Claimants, if Claimant lives in a state that mandates state income tax withholding, it will be withheld.

Check here if Claimant lives in a state that does not mandate state income tax withholding and would like state income tax withheld.

If Claimant would like **additional** state income tax withheld, indicate amount \$ \_\_\_\_\_ or \_\_\_\_\_% of the claim amount.

Last Name	First Name	MI	Social Security Number
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**Required Signature(s) and Date**

Any person who knowingly presents a false or fraudulent claim is subject to criminal and civil penalties.

My signature acknowledges that I have received, read, understand and agree to all pages of the Death Benefit Claim Request form, the Death Benefit Claim Guide and the Special Tax Notice, and affirms that all information I have provided is true and correct. I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

I understand that a certified death certificate is required for processing this death benefit.

<b>Claimant Signature</b>	<b>Date (Required)</b>	<b>Title if you are acting in a representative capacity</b>
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This request is in compliance with the terms of the Plan and I have provided the Claimant with a written explanation of the tax rules and any other Internal Revenue Service, Department of Labor or other notice requirements to the Claimant that apply to this request and the appropriate consent and waivers have been obtained by the Plan Administrator and Service Provider is authorized to rely on the information on this request. I hereby instruct Service Provider to process and forward the distribution described on this form. I hereby verify that the above Claimant is a named beneficiary under the Plan. **If Claimant is one of multiple beneficiaries with respect to the decedent, then the above Claimant is entitled to \_\_\_\_\_% of the total benefits payable in respect of the decedent.**

**I understand that an original or copy of the certified death certificate is required for processing this death benefit.**

\_\_\_\_\_ If my initials are not provided, I understand that a copy of an original or certified copy of the death certificate must be attached.

<b>Authorized Plan Administrator/Trustee Signature</b>	<b>Date</b>
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Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCORE, LLC (FASCORE Administrators, LLC in California), First Great-West Life & Annuity Insurance Company, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, First Great-West Life & Annuity Insurance Company. Other products and services may be sold in New York by FASCORE, LLC.

# Death Benefit Claim Guide

## Governmental 457(b) Plan

This Guide will assist Claimant in completing the Death Benefit Claim Request form (the "Form") for Internal Revenue Code ("Code") section governmental 457(b) plans. Claimant should read all pages of this Guide before Claimant begins to complete the Form. The Guide will assist Claimant in completing each section of the Form and give Claimant the information Claimant needs to make informed decisions regarding his or her claim. If Claimant needs further clarification about the information discussed in this Guide, call a representative at Service Provider. Claimant can also call 1-877-895-1394 to speak with a service representative.

Claimant is strongly urged to consult with an accountant and/or tax advisor in the preparation of the Form. While our representatives are able to explain Claimant's options to Claimant, they cannot tell Claimant which payment and tax-withholding method is best for Claimant. Claimant's local representative or any Service Provider representative will not provide tax or legal advice. Additionally, neither this Guide nor the Form represents tax or legal advice.

Please note that Service Provider cannot release the claim until the authorized Plan Administrator/Trustee confirms that Claimant is a named beneficiary under the Plan and is otherwise entitled to assert a claim.

**Waivers or Consents of Inheritance and Estate Taxes** - Certain states require Service Provider to obtain waivers or consents from the state's Department of Revenue or Taxation before Claimant is able to assert a claim. If the decedent lived in a state that requires this waiver, Claimant MUST attach the waiver to the Form at the time the Form is submitted to Service Provider. It is Claimant's responsibility to ensure that the decedent's state of residence does not require any form of waiver or consent.

Additionally, certain states require that Service Provider provide notice to the state that a distribution will be made to a Claimant. If the decedent's state of residence requires a notice of distribution, Service Provider will so notify the appropriate state department.

Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.ustreas.gov/offices/eotffc/ofac>.

**The Form** - The Form is divided into several sections, with each section requiring Claimant to provide specific information.

The sections on the Form are:

- Decedent's Information
- Claimant's Information
- Minor's Representative Information
- Tax Identification Number
- Type of Claim
- Direct Rollover
- Claim Delivery
- Federal and State Income Tax Withholding
- Required Signature(s) and Date

**Note: If there is more than one account or plan number, Claimant must complete a separate Form for each account or plan number.**

**Incomplete or Inaccurate Information** - In the event that any section of the Form is incomplete or inaccurate, Service Provider may not be able to process the claim requested on the Form. Claimant may be required to complete a new Form or provide additional or proper information before his or her claim will be processed.

**Changes to Claimant's Request** - If Claimant makes a change to the Form as Claimant is completing it, Claimant must cross out any previously elected choice(s) and initial all changes. If Claimant does not initial all changes, the Form may be returned to Claimant for verification.

## **The Form**

Note: Please use blue or black ink when completing the Form.

### **Decedent's Information**

**Last Name, First Name, MI** - The decedent's full name is required in order to properly identify the account.

**City, State, and Country of Legal Domicile at Time of Death** - This information is required in order for the claim to be properly filed and tax reported.

**Social Security Number** - The decedent's Social Security number is required to properly identify the account and report any applicable withholding information to the Internal Revenue Service.

**Account Extension** - The account extension identifies funds that were transferred through a divorce or death. If an account extension has been issued, but this field is blank, Service Provider will return the Form.

**Date of Birth** - The decedent's date of birth is required to properly process the claim.

**Date of Death** - The decedent's date of death is required to properly process the claim.

## **Claimant's Information**

**Last Name, First Name, MI** - The full name of Claimant is required in order to properly process the claim.

**Address - Number & Street**

**City, State, Zip Code** - This information is required in order to properly process the claim.

**Home Phone, Work Phone** - This information will allow Service Provider to contact Claimant if necessary regarding the claim.

**Specify Claimant's Relationship to the Decedent** - Claimant's relationship to the decedent is required in order to properly process the claim.

**Transfer to Claimant** - Indicate whether the account has already been transferred to Claimant.

**Is Claimant a U.S. Citizen or Resident Alien?** - Federal and state income tax reporting is based on residence status.

**Date of Birth** - Claimant's date of birth is required to properly process the claim.

**Is Claimant a Minor?** - If the answer to this question is yes, complete the next section on the Form regarding the minor's representative information.

## **Minor's Representative Information**

This section must be completed if Claimant is a minor. All correspondence and claims will be addressed to the minor's representative for the benefit of Claimant.

Payments may be made to a guardian of a minor's estate or a conservator who has been appointed as such for the minor by final judicial order. A copy of the court order must be submitted to the Plan Administrator/Trustee and forwarded to Service Provider with the completed Form.

Under the Uniform Transfers to Minors Act, if a guardian or conservator has not been appointed by an appropriate court, certain states allow funds to be transferred to a custodian for the minor who is an adult member of the minor's family. In general, transfers under this law may not be made if a state has not adopted it, or the proceeds exceed a specified dollar amount under the state's statutory law. Payments cannot be made to a person solely because he/she is the parent of the minor or has custody of the minor unless a state law in the minor's state of residence specifically authorizes such payment, a proper court order authorizing payment has been obtained or the Plan Document allows for such payment.

It is Claimant's responsibility to determine whether and to what extent the Uniform Transfers to Minors Act has been adopted in his or her state of residence.

If Service Provider is unable to make payment because a guardian or conservator has not been appointed by final judicial order, or a state law where the minor resides or the Plan Document does not authorize payment to a custodian or other person, the proceeds must remain in the decedent's account until the minor reaches the age of majority.

## **Tax Identification Number**

Provide a complete and correct tax identification number for Claimant on the Form. If Claimant is an individual, provide the individual's Social Security number. If Claimant is a trust or estate, generally a taxpayer identification number ("TIN") must be provided. In cases of a trust Claimant, a Social Security number may be appropriate if the grantor is living and is also the trustee.

Payments may be made to a personal representative appointed by an appropriate final judicial order. Personal representatives must provide a TIN for the decedent's estate. If a personal representative has not been appointed by an appropriate court because the value of the estate is small, certain states will allow certain successors of the decedent to submit a small estate affidavit allowing them to receive payment. In such cases, only one affidavit containing the notarized signatures of all successors should be submitted to Service Provider. If appropriate documentation is not submitted, Service Provider may be unable to make payment. Claimants should obtain and submit appropriate documentation to Service Provider on a timely basis to avoid penalties and taxes.

## **Type of Claim**

It is Claimant's responsibility to ensure that the distribution method and effective date selected meet the requirements of the Internal Revenue Code and applicable federal Treasury regulations.

**Effective Date** - The effective date of the claim will be the later of the date selected as the effective date and the date Service Provider receives a properly completed Form.

**Leave Funds in the Account** - If the decedent died prior to his or her required beginning date, Claimant can elect to leave the funds in the Plan until distributions are required to begin. You should refer to your 402(f) Notice of Special Tax Rules on Distributions for additional information about minimum distribution requirements.

If the decedent died after his or her required beginning date, Claimants may not select the Leave Funds in the Account option.

By selecting this type of claim, Claimant understands that a recordkeeping account will be set up under Claimant's name as a beneficiary of the decedent. All existing monies will remain in the same investment option(s) in effect on the date of the decedent's death. Claimant will have the option of transferring the monies to other investment options by visiting the Web site at [www.gwrs.com](http://www.gwrs.com) or by calling KeyTalk<sup>®</sup>. However, some investment options may not be available for transfer. Claimant may not make any additional deposits to this account.

Claimant must also complete a Beneficiary Designation form. Claimant may obtain this form by contacting his or her local Service Provider representative.

**Full Distribution of Claimant's Share** - Check this box if Claimant wants a full distribution of his or her share of the account. The full vested value of each investment option will be distributed based on the instructions on the Form. Service Provider will liquidate the funds pro-rata from all available investment options with a balance.

**Periodic Payment of Claimant's Share** - Claimant must select a payment start date. The payment start date is the date the funds will be distributed from the account. Claimant may choose any day of the month with the exception of the 29th, 30th or 31st. Claimant must also select the frequency of payment - monthly, quarterly, semi-annually or annually. Allow approximately 5 - 10 business days from the payment start date to receive the distribution. It is solely the responsibility of Claimant to ensure that the payment option elected satisfies the minimum distribution requirements.

**The Periodic Payment Options Are as Follows:**

1. Payment of an Amount Certain - Designate the dollar amount Claimant wishes to receive on a regular installment basis (monthly, quarterly, semi-annually or annually). The payments will continue until the account balance is zero. The number of payments Claimant receives will vary depending on the performance of the underlying investment options.

2. Payment for a Period Certain (Years) - Claimant will receive payments on a regular installment basis (monthly, quarterly, semi-annually or annually). Payment amounts will depend on the length of time in years during which Claimant elects to receive payments, the periodic basis that Claimant chooses, and the performance of the underlying investment options.

The payment amount will be calculated by dividing the current account balance by the number of remaining payments. For example, if the payout is to be monthly for 4 years, the initial payout amount will be equal to 1/48 of the account balance. The second payment will be 1/47 of the account balance, the third will be 1/46, and so on.

The payment is recalculated each time a payment is distributed; therefore, the amount of each payment typically differs. The payment amount will vary depending on the performance of the underlying investment options. The balance will be zero by the end of the term selected.

3. Required Payment Based Upon Claimant's Life Expectancy - This payment option is available to individual Claimants only. Claimant will receive payments as required under the federal minimum distribution requirements calculated based upon Claimant's life expectancy.

**Fixed Annuity of Claimant's Share** - An annuity is a payment option that can guarantee Claimant a retirement income for life or a limited, defined period. Claimant will receive payments on a regular basis. Payments made under a fixed annuity option will not change for as long as the annuity period continues. To request an annuity quote, review the annuity options that follow and call Service Provider. The insurance company issuing the annuity makes annuity payments and will deduct the applicable income tax withholding. Once an annuity option is selected, Claimant may not select a different claim method or change to another fixed annuity option. To elect this method, the minimum annuity purchase amount is \$2,000.00 and each payment must be at least \$50.00. If Claimant chooses a fixed annuity payment option, Claimant will need to choose a fixed annuity option.

**Purchase Date** - The purchase date is the date the funds are withdrawn from the existing account and placed into a fixed annuity. The purchase date may vary depending on the underlying investment options. If the purchase date is not a business day, the purchase date will default to the next business day. The selected purchase date must be prior to the payment start date. The interest rate applied will be the annuity rate in effect on the actual purchase date. If a purchase date is not selected, the purchase date will automatically be the date a properly completed Form is received by Service Provider. The purchase date cannot be more than 12 months from the date Claimant completes the Form.

**Payment Start Date** - The payment start date is the date Claimant's first check is to be received. Claimant's first electronic transfer or check may be delayed 5-10 business days as the annuity account is established. The payment start date for fixed annuities cannot be more than 90 days after the purchase date. Claimant may choose any day of the month with the exception of the 29th, 30th or 31st.

Claimant is responsible for ensuring that the fixed annuity option as elected meets the minimum distribution requirements, if applicable.

**The Fixed Annuity Options Are as Follows:**

1. Income of an Amount Certain - Claimant must indicate a specific amount to be paid to Claimant on a monthly, quarterly, semi-annual or annual basis. The amount chosen must be received over a period not greater than 20 years. If Claimant dies before the entire annuitized balance is distributed, Claimant's beneficiary will receive all remaining annuity payments, if any.

2. Income for a Period Certain (Years) - Claimant will receive payments on a monthly, quarterly, semi-annual or annual basis. Payment amounts will depend on the length of time in years (not greater than 20 years) during which Claimant elects to receive payments and the periodic basis the Claimant chooses.

3. Fixed Life Annuity With Guaranteed Period - Claimant will be paid monthly annuity payments for the guaranteed annuity payment period selected (5, 10, 15 or 20 years) or for Claimant's lifetime, whichever is longer. Upon Claimant's death, all payments remaining payable under the guaranteed period will be paid to Claimant's beneficiary, if any. If Claimant chooses this option, Claimant must attach a copy of his or her birth certificate or driver's license.

4. Fixed Life Annuity - Life Only, No Death Benefit - Claimant will be paid monthly annuity payments during his or her lifetime. Upon Claimant's death, all benefit payments cease. If Claimant chooses this option, Claimant must attach a copy of his or her birth certificate or driver's license.

5. Joint Life - Claimant will receive monthly annuity payments for his or her lifetime. Upon the death of the annuitant, the surviving annuitant will receive a pre-elected percentage (100% or 50%) of the original payment amount for his or her lifetime. For example, if Claimant elects a joint and 50% annuity, the surviving annuitant will continue to receive fixed monthly payments

equaling one half of the amount received while both annuitants were living. Claimant must attach a copy of both annuitants' birth certificates or drivers' licenses.

### **Direct Rollover**

**Direct Rollover to an Eligible Plan or IRA** - This option is only available to Claimants who are individuals or a trust maintained for one or more designated beneficiaries. Claimant must determine whether the Plan or IRA accepts eligible rollover distributions.

Claimant may not roll over any portion of a distribution equal to the minimum distribution amount required for a particular calendar year that has not been previously paid. Any required minimum distribution amount will be paid out first before the rollover will be processed.

If Claimant is the spouse of the decedent and is requesting a direct rollover, an eligible rollover distribution is paid from the Plan directly to an eligible Code Section 401(a), 401(k), 403(a), 403(b), or governmental 457(b) plan or to a Traditional IRA. Effective January 1, 2008, an eligible rollover distribution may be paid directly to a Roth IRA if you have an adjusted gross income of no more than \$100,000.00 and, if you are married, you file a joint return and the combined adjusted gross income for you and your spouse is not greater than \$100,000.00. These dollar limitations will be removed on January 1, 2010. If Claimant is not the spouse of the decedent and is requesting a direct rollover, a rollover distribution is paid from the Plan directly to an inherited IRA.

Indicate the dollar amount Claimant wants to roll over and provide the company name, account number, mailing address, city, state, zip code and a phone number for the direct rollover. In the event of an inconsistency between information contained on the Form and any other information provided with the Form, the information on the Form will be used. Once Service Provider has processed a direct rollover, it cannot be returned.

If Claimant chooses this type of claim, a Form 1099-R will be issued for reporting purposes; however, no federal income tax will be automatically withheld from amounts directly rolled over.

### **Claim Delivery**

The delivery of the claim may depend on the type of claim elected on the Form. Certain delivery options are not available on all types of claims. Below is a description of each delivery option.

**Check** - Claimant can receive the claim by check regardless of the distribution method selected on the Form.

**Mailing Address** - Check this box if Claimant wants the check to be sent to an address other than the address provided on the first page of the Form.

**Express Delivery** - Express delivery is available for full distributions only. The amount of the claim check will be reduced by \$25.00 for this service. Express delivery is available for Monday through Friday delivery only and is not available to P.O. boxes. Delivery is not guaranteed to all areas.

**Automated Clearing House (ACH)** - Check this box and complete this section only if Claimant wants the periodic/fixed annuity payments or full distribution of their share to be electronically deposited into his or her checking or savings account. Claimant may not designate a business account or an IRA. Claimant can select ACH if Claimant selected a periodic/fixed annuity payment at no charge or if Claimant is requesting a one-time full/partial distribution payment to self. ACH credit can only be made into a United States financial institution (bank/credit union). If Claimant requests a one-time full/partial distribution payment to self, Claimant's payment amount will be reduced by \$15.00 for this service. Complete the financial institution name, account number, ABA routing number, financial institution mailing address, city, state and zip code. For a checking account, Claimant must attach a preprinted voided check. If a preprinted voided check is not available, Claimant must attach a signed letter from Claimant's financial institution, on their letterhead, that confirms the ABA routing number and Claimant's name and account number. For a savings account, Claimant must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes Claimant's name, savings account number and ABA routing number.

### **General ACH Information**

By choosing an ACH credit to Claimant's financial institution account, Claimant is authorizing Service Provider to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to Claimant's checking or savings account. Claimant is also authorizing Claimant's financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account. Service Provider will make payments in accordance with the directions Claimant has specified on the Form until such time that Claimant notifies Service Provider in writing that Claimant wishes to cancel the ACH agreement. Claimant must provide notice of cancellation at least 30 days prior to a payment date for the cancellation to be effective with respect to all of Claimant's subsequent payments.

Service Provider reserves the right to terminate the ACH transfers for any reason and will notify Claimant in the event of such termination by sending notice to Claimant's last known address on file with Service Provider.

It is Claimant's obligation to notify Service Provider of any address or other changes affecting Claimant's electronic fund transfers during Claimant's lifetime. Claimant is solely responsible for any consequences and/or liabilities that may arise out of Claimant's failure to provide such notification.

By selecting an ACH method of delivery, Claimant acknowledges that Service Provider is not liable for payments made by Service Provider in accordance with a properly completed Form. By selecting this method of distribution delivery, Claimant is authorizing and directing Claimant's financial institution not to hold any overpayments made by Service Provider on Claimant's behalf, or on behalf of Claimant's estate or any current or future joint accountholder, if applicable.

### **ACH for Periodic Payments Only**

ACH is a form of electronic funds transfer by which Service Provider can transfer payments directly to Claimant's financial institution. Allow at least 15 days from the date Service Provider receives the properly completed Form to begin using ACH for

Claimant's payments. Upon receipt of a properly completed Form, Service Provider will notify the financial institution of the ACH request with the account information provided. The pre-notification process takes approximately 10 days. During the pre-notification process, the financial institution will confirm with Service Provider that the account and routing information submitted is correct and that it will accept the ACH transfer. After this confirmation is received, the payments will be transferred to Claimant's financial institution within 2 days of the first payment date. If the payments are withdrawn from investments that are subject to time delays upon withdrawal, the deposit to Claimant's financial institution may be delayed accordingly. In the event of a change to the periodic payments, the electronic funds transfer may be subject to a delay, and a check will be sent to Claimant's last known address on file with Service Provider.

If Claimant's financial institution rejects the pre-notification, Claimant will be notified and checks will be mailed to Claimant until Claimant submits an Electronic Funds Transfer (ACH) form. As a result, it is important that Claimant continues to notify Service Provider in writing of any changes to Claimant's mailing address.

### **Federal and State Income Tax Withholding**

**Federal Income Tax** - No federal income tax will be withheld from direct rollovers. Twenty percent (20%) mandatory federal income tax withholding will apply to all distributions to spousal Claimants that are eligible for rollover, but are not rolled over.

For distributions not eligible for rollover, the distribution is subject to federal income tax withholding unless Claimant elects not to have withholding apply. If Claimant elects not to have federal income tax withholding apply to his or her claim or if he or she does not have enough federal income tax withheld from the claim, Claimant may be responsible for payment of estimated tax. Claimant may incur penalties under the estimated tax rules if his or her withholding and estimated tax payments are not sufficient. Check the appropriate box on the Form.

For non-spousal Claimants, federal income tax will be withheld at the rate of 10% if not rolled over, unless Service Provider is directed otherwise. Check the appropriate box on the Form.

**State Income Tax** - For all Claimants, if Claimant lives in a state that mandates state income tax withholding, it will be withheld. If Claimant wishes to have additional state income tax withheld or if Claimant lives in a state that does not mandate state income tax withholding, Claimant may elect to have an additional amount withheld. Check the appropriate box on the Form.

### **Income Tax Withholding Applicable to Payments Delivered Outside the U.S.**

If Claimant is a U.S. citizen or resident alien and Claimant's payment is to be delivered outside the U.S. or its possessions, Claimant may not elect out of federal income tax withholding.

If Claimant is a non-resident alien, Claimant must attach IRS Form W-8BEN with an original signature. In general, the withholding rate applicable to the claim is 30% unless a reduced rate applies because Claimant's country of residence has entered into a tax treaty with the U.S. and the treaty provides for a reduced withholding rate or an exemption from withholding. To obtain IRS Form W-8BEN, call 1-800-TAX-FORM.

Contact your tax professional for more information.

### **Required Signature(s) and Date**

Claimant must sign and date the Form. Read the disclosure on the Form in this section before signing. By signing the Form, Claimant attests to receiving, reading, understanding and agreeing to all provisions of the Form, the Guide and the Special Tax Notice.

The authorized Plan Administrator/Trustee signature is also required. The claim will not be processed without the Plan Administrator/Trustee signature. If entitlement percentage is not provided, Service Provider will pay the Claimant 100% of the account value.

### **Submitting the Form**

For more information about available investment options, including fees and expenses, you may obtain applicable prospectuses and/or disclosure documents from your representative. Read them carefully before investing.

Once Claimant has completed the Form, forward it to the address indicated on the last page of the Form in the Required Signature(s) and Date section.

### **Important Note**

Although every effort is made to keep the information in this Guide current, it is subject to change without notice. Federal, state, and local tax laws may be revised, and new plan provisions may be adopted by the Plan. For the most up to date version of this Guide, please visit the Web site at [www.gwrs.com](http://www.gwrs.com) or call 1-877-895-1394.

Access to KeyTalk® or the Web site may be limited or unavailable during periods of peak demand, market volatility, systems upgrades, maintenance or for other reasons.

## 402(f) NOTICE OF SPECIAL TAX RULES ON DISTRIBUTIONS

### This Special Tax Notice Applies to Distributions from Governmental 457(b) Plans

This notice contains important information you will need before you decide how to receive Plan benefits. It explains when and how you can continue to defer federal income tax on your retirement savings when you receive a distribution.

This notice is provided to you because all or part of the payment that you will soon receive from one or more plans in which you participate may be eligible for rollover by you or your Plan Administrator to a Traditional IRA and effective January 1, 2008, to a Roth IRA, or to an eligible employer plan. A "rollover" is a payment by you or the Plan Administrator of all or part of your benefit to another eligible employer plan or IRA. A rollover to an eligible employer plan or Traditional IRA allows you to continue to postpone taxation of that benefit until it is paid to you. A rollover to a Roth IRA results in current income inclusion, but those amounts are then subject to the special Roth IRA rules regarding taxation upon later distribution. An "eligible employer plan" includes a plan qualified under section 401(a) of the Internal Revenue Code, including a 401(k) plan, profit-sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax-sheltered annuity, and an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan). Before January 1, 2008, your payment(s) cannot be rolled over to a Roth IRA, and no rollovers to a SIMPLE IRA, or a Coverdell Education Savings Account (formerly known as an education IRA) are allowed. There are some special considerations before you elect to roll over your Plan benefit. First, an eligible employer plan is not legally required to accept a rollover. Before you decide to roll over your payment to another employer plan, you should find out whether the plan accepts rollovers and, if so, the types of distributions it accepts as a rollover. Even if a plan accepts rollovers, it might not accept rollovers of certain types of distributions. If this is the case, you may want to roll your distribution over to an IRA instead or split your rollover amount between the eligible employer plan in which you will participate and an IRA. Second, you should find out about any documents that are required to be completed before the receiving plan will accept a rollover. Finally, you should find out what limits the receiving plan will put on later distributions of your rollover account. For example, the receiving plan may restrict subsequent distributions of the rollover amount or may require your spouse's consent for any subsequent distribution. A subsequent distribution from the plan that accepts your rollover may also be subject to different tax treatment than distributions from this Plan. Check with the administrator of the plan that is to receive your rollover prior to making the rollover. You may also want to talk to your tax advisor before making any decisions.

If you have additional questions after reading this notice, you can contact your Plan Administrator.

#### 1. General Summary

There are two ways in which you may be able to receive a Plan payment that is eligible for rollover:

- (1) Certain payments can be made directly to a Traditional IRA and effective January 1, 2008, to a Roth IRA that you establish or to an eligible employer plan that will accept it and hold it for your benefit ("DIRECT ROLLOVER"); or
- (2) The payment can be PAID TO YOU.

If you choose a DIRECT ROLLOVER:

- Unless your rollover is being made to a Roth IRA, your payment will not be taxed in the current year and no income tax will be withheld.
- You choose whether your payment will be made directly to your IRA, including a Roth IRA effective January 1, 2008, or to an eligible employer plan that accepts your rollover. Your payment cannot be rolled over to a SIMPLE IRA or a Coverdell Education Savings Account.
- The taxable portion of your payment will be taxed later when you take it out of the Traditional IRA or the eligible employer plan. Special tax rules apply to later distributions from a Roth IRA. Depending on the type of plan or IRA, the later distribution may be subject to different tax treatment than it would be if you received a taxable distribution from this Plan.

If you choose to have a Plan payment that is eligible for rollover PAID TO YOU:

- You will receive only 80% of the taxable amount of the payment, because the Plan Administrator is required to withhold 20% of that amount and send it to the IRS as income tax withholding to be credited against your taxes.
- The taxable amount of your payment will be taxed in the current year unless you roll it over. In the case of a rollover to a Roth IRA the amount of your distribution is currently taxable, although special rules may allow you to spread the income inclusion over more than one year.
- You can roll over all or part of the payment by paying it to your Traditional IRA or to an eligible employer plan that accepts your rollover within 60 days after you receive the payment. The amount rolled over will not be taxed until you take it out of the Traditional IRA or the eligible employer plan.
- If you want to roll over 100% of the payment to a Traditional IRA or an eligible employer plan, you must find other money to replace the 20% of the taxable portion that was withheld. If you roll over only the 80% that you received, you will be taxed on the 20% that was withheld and that is not rolled over.

#### Your Right To Waive the 30-Day Notice Period.

Generally, neither a direct rollover nor a payment can be made from the Plan until at least 30 days after your receipt of this notice. Thus, after receiving this notice, you have at least 30 days to consider whether or not to have your distribution directly rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the notice period by making an affirmative election indicating whether or not you wish to make a DIRECT ROLLOVER. Your distribution will then be processed in accordance with your election as soon as practical after the Plan Administrator receives it.

#### 2. Payments That Can and Cannot Be Rolled Over

Payments from the Plan may be "eligible rollover distributions." This means that they can be rolled over to a Traditional IRA or to an eligible

employer plan that accepts rollovers. Effective January 1, 2008, eligible rollover distributions can also be rolled over to a Roth IRA. Eligible rollover distributions cannot be rolled over to a SIMPLE IRA or a Coverdell Education Savings Account. Your Plan Administrator should be able to tell you what portion of your payment is an eligible rollover distribution.

The following types of payments cannot be rolled over:

**Payments Spread over Long Periods.** You cannot roll over a payment if it is part of a series of equal (or almost equal) installment payments that are made at least once a year and that will last for:

- Your lifetime (or a period measured by your life expectancy), or
- Your lifetime and your beneficiary's lifetime (or a period measured by your joint life expectancies), or
- A period of 10 or more years.

**Required Minimum Payments.** Beginning when you reach age 70 1/2 or retire, whichever is later, a certain portion of your payment cannot be rolled over because it is a "required minimum payment" that must be paid to you.

**Unforeseeable Emergency Distributions.** A distribution on account of an unforeseeable emergency cannot be rolled over.

**Distributions of Excess Contributions.** A distribution that is made because legal limits on certain contributions were exceeded and cannot be rolled over.

The Plan Administrator of this Plan should be able to tell you if your payment includes amounts which cannot be rolled over.

### **3. Direct Rollover**

A DIRECT ROLLOVER is a direct payment of the amount of your Plan benefits to a Traditional IRA, and effective January 1, 2008 to a Roth IRA, or an eligible employer plan that will accept it. You can choose a DIRECT ROLLOVER of all or any portion of your payment that is an eligible rollover distribution, as described in Number 2 above. You are not taxed on any taxable portion of your payment for which you choose a DIRECT ROLLOVER, other than a rollover to a Roth IRA, until you later take it out of the Traditional IRA or eligible employer plan. You will be taxed on a direct rollover to a Roth IRA. In addition, no income tax withholding is required for any taxable portion of your Plan benefits for which you choose a DIRECT ROLLOVER to a Traditional IRA or an eligible employer plan. A DIRECT ROLLOVER to a Roth IRA is included in income at the time of the rollover and may be subject to income tax withholding. There are some special rules that allow the rollover amounts to be included in income over more than one year, and your tax advisor can explain those in greater detail.

This Plan might not let you choose a DIRECT ROLLOVER if your distributions for the year are less than \$200. If a portion of your payment is from a designated Roth 401(k) or 403(b) account, the Plan may treat the Roth account portion of your payment as a separate distribution for purposes of the \$200 rule to determine amounts that are not rollover eligible.

#### **Direct Rollover to a Traditional or Roth IRA**

You can establish an IRA to receive the DIRECT ROLLOVER. If you choose to have your payment made directly to an IRA, contact an IRA sponsor (usually a financial institution) to find out how to have your payment made in a DIRECT ROLLOVER to an IRA at that institution. If you are unsure of how to invest your money, you can temporarily establish an IRA to receive the payment. However, in choosing an IRA, you may wish to make sure that the IRA you choose will allow you to move all or a part of your payment to another IRA at a later date, without penalties or other limitations. Please remember that rollovers to Roth IRAs will be allowed only after December 31, 2007. See IRS Publication 590, Individual Retirement Arrangements, for more information on Traditional IRAs (including limits on how often you can roll over between IRAs).

#### **Direct Rollover to a Plan**

If you are employed by a new employer that sponsors an eligible employer plan, and you want a DIRECT ROLLOVER to that plan, ask the Plan Administrator of that plan whether it will accept your rollover. An eligible employer plan is not legally required to accept a rollover. Even if your new employer's plan does not accept a rollover, you still can choose a DIRECT ROLLOVER to a Traditional IRA. If the employer plan accepts your rollover, the plan may provide restrictions on the circumstances under which you may later receive a distribution of the rollover amount or may require spousal consent to any subsequent distribution. Check with the Plan Administrator of that plan before making your decision.

#### **Direct Rollover of a Series of Payments**

If you receive a payment that can be rolled over to a Traditional IRA or an eligible employer plan that will accept it, and it is paid in a series of payments for fewer than 10 years, your choice to make or not make a DIRECT ROLLOVER for a payment will apply to all later payments in the series until you change your election. You are free to change your election for any later payment in the series.

#### **Change in Tax Treatment Resulting from a Direct Rollover**

The tax treatment of any payment from the eligible employer plan or Traditional IRA receiving your DIRECT ROLLOVER might be different than if you received your benefit in a taxable distribution directly from the Plan. See the section below entitled, "Additional 10% Tax May Apply to Certain Distributions."

### **4. Payment Paid to You**

If your payment can be rolled over (see Number 2 above) and the payment is made to you in cash, it is subject to 20% federal income tax withholding on the taxable portion (state tax withholding may also apply). The payment is taxed in the year you receive it unless, within 60 days, you roll it over to a Traditional IRA or effective January 1, 2008, to a Roth IRA or an eligible employer plan that accepts rollovers. If you do not roll it over, special tax rules may apply.

## Income Tax Withholding

**Mandatory Withholding.** If any portion of your payment can be rolled over under Number 2 above, and you do not elect to make a DIRECT ROLLOVER, the plan is required by law to withhold 20% of the taxable amount. This amount is sent to the IRS as federal income tax withholding. For example, if you can roll over a taxable payment of \$10,000 but choose to take the distribution in cash instead, only \$8,000 will be paid to you because the plan must withhold \$2,000 as income tax. However, when you prepare your income tax return for the year, unless you make a rollover within 60 days (see "Sixty-Day Rollover Option" below), you must report the full \$10,000 as a taxable payment from the plan. You must report the \$2,000 as tax withheld, and it will be credited against any income tax you owe for the year.

**Voluntary Withholding.** If any portion of your payment is taxable but cannot be rolled over under Number 2 above, the mandatory withholding rules described above do not apply. In this case, you may elect not to have withholding apply to that portion. If you do nothing, 10% of the taxable amount will generally be taken out of this portion of your payment for federal income tax withholding. To elect out of withholding, ask the Plan Administrator for the election form and related information.

**Sixty-Day Rollover Option.** If you receive a payment that can be rolled over under Number 2 above, you can still decide to roll over all or part of it to a Traditional IRA, or a Roth IRA effective January 1, 2008, or to an eligible employer plan that accepts rollovers. If you decide to roll over your payment, you must contribute the amount of the payment you received to an IRA (as described above) or eligible employer plan within 60 days after you receive the payment. The portion of your payment that is rolled over will not be taxed until you take it out of the Traditional IRA or the eligible employer plan.

You can roll over up to 100% of your payment that can be rolled over under Number 2 above, including an amount equal to the 20% of the taxable portion that was withheld. If you choose to roll over 100%, you must find other money within the 60-day period to contribute to the Traditional IRA or the eligible employer plan, to replace the 20% that was withheld. On the other hand, if you roll over only the 80% of the taxable portion that you received, you will be taxed on the 20% that was withheld.

Example: The taxable portion of your payment that can be rolled over under Number 2 above is \$10,000, and you choose to have it paid to you. You will receive \$8,000, and \$2,000 will be sent to the IRS as income tax withholding. Within 60 days after receiving the \$8,000, you may roll over the entire \$10,000 to a Traditional IRA or an eligible employer plan. To do this, you roll over the \$8,000 you received from the Plan, and you will have to find \$2,000 from other sources (your savings, a loan, etc.). In this case, the entire \$10,000 is not taxed until you take it out of the Traditional IRA or an eligible employer plan. If you roll over the entire \$10,000, when you file your income tax return you may get a refund of part or all of the \$2,000 withheld.

If, on the other hand, you roll over only \$8,000, the \$2,000 you did not roll over is taxed in the year it was withheld. When you file your income tax return, you may get a refund of part of the \$2,000 withheld. (However, any refund is likely to be larger if you roll over the entire \$10,000. Also, the amount of any tax refund depends on the total income taxes you owe for the year on all income and the amount you have withheld during the year on all income.)

**Additional 10% Tax May Apply to Certain Distributions.** Distributions from the Plan are generally not subject to the additional 10% tax that applies to pre-age-59 1/2 distributions from other types of plans. However, any distribution from the Plan that is attributable to an amount you rolled over to the Plan (adjusted for investment returns) from another type of eligible employer plan or IRA amount is subject to the additional 10% tax if it is distributed to you before you reach age 59 1/2, unless an exception applies.

Exceptions to the additional 10% tax generally include (1) payments that are paid as equal (or almost equal) payments over your life or life expectancy (or your and your beneficiary's lives or life expectancies), (2) payments that are paid from an eligible employer plan after you separate from service with your employer during or after the year you reach age 55, (3) payments that are paid because you retire due to disability, (4) payments that are paid directly to the government to satisfy a federal tax levy, (5) payments that are paid to an alternate payee under a qualified domestic relations order, or (6) payments that do not exceed the amount of your deductible medical expenses. These exceptions may be different for distributions from a Traditional IRA. See IRS Form 5329 for more information on the additional 10% tax.

The additional 10% tax does not apply to distributions from the Plan or any other governmental 457(b) plan, except to the extent the distribution is attributable to an amount you rolled over to the governmental 457(b) plan (adjusted for investment returns) from another type of eligible employer plan or IRA.

In addition, any amount rolled over from the Plan to another type of eligible employer plan or to a Traditional IRA will be subject to the additional 10% tax if it is distributed to you before you reach age 59 1/2, unless an exception applies.

## 5. Surviving Spouses, Alternate Payees, and Other Beneficiaries

In general, the rules summarized above that apply to payments to employees also apply to payments to surviving spouses of employees and to spouses or former spouses who are "alternate payees." You are an alternate payee if your interest in the Plan results from a "qualified domestic relations order" (or a state domestic relations order applicable to certain governmental or church plans), which is an order issued by a court, usually in connection with a divorce or legal separation.

If you are a **surviving spouse or an alternate payee**, you may choose to have a payment that can be rolled over, as described in Number 2 above, paid in a DIRECT ROLLOVER to a Traditional IRA or to an eligible employer plan or paid to you. If you have the payment paid to you, you can keep it or roll it over yourself to a Traditional IRA or to an eligible employer plan. Thus, you have the same choices as the employee.

If you are a **beneficiary other than a surviving spouse or an alternate payee**, the Plan may permit you to choose to have a payment that can be directly rolled over to an Inherited IRA, as described in Part 1 above, or to have the benefit paid to you. You may not roll over the payment that is made directly to you, nor may you choose to roll over the payment to an eligible employer plan. The IRA accepting the transfer is treated like a non-spouse Inherited IRA, under which benefits must be distributed in accordance with the required minimum distribution rules. In general, distributions from the Inherited IRA must either be paid to you in full within 5 years of the deceased participant's death or must commence within 12 months of the participant's death and be paid over your life expectancy. The benefits cannot be rolled over from the Inherited IRA to any other IRA or employer plan.

Unlike surviving spouses and alternate payees, non-spouse beneficiaries do not have the same choices as the employee. Because of this difference, the mandatory withholding rules described in Number 4 above that typically apply to payments that are not rolled over, do not apply to payments made to non-spouse designated beneficiaries.

If you are a surviving spouse, an alternate payee, or another beneficiary, your payment is generally not subject to the additional 10% tax described in Number 4 above, even if you are younger than age 59 1/2.

If you are a surviving spouse, an alternate payee, or another beneficiary, you may be able to use the special tax treatment for lump-sum distributions and the special rule for payments, as described in Number 4 above. If you receive a payment because of the employee's death, you may be able to treat the payment as a lump-sum distribution if the employee met the appropriate age requirements, whether or not the employee had 5 years of participation in the Plan.

### **How to Obtain Additional Information**

The rules described above are complex and contain many conditions and exceptions that are not included in this notice. Therefore, you may want to consult with the Plan Administrator or a professional tax advisor before you take a payment of your benefits from your Plan. Also, you can find more specific information on the tax treatment of payments from qualified employer plans in IRS Publication 575, Pension and Annuity Income, and IRS Publication 590, Individual Retirement Arrangements. These publications are available from your local IRS office, on the IRS's Internet Web Site at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORMS.

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