

403(b)(7) BENEFICIARY DISTRIBUTION REQUEST FORM

You may use this form if you are a beneficiary of the deceased participant to request a distribution from the 403(b)(7) Plan. Additional legal documentation may be required in order to process your distribution and/or set up your Inherited IRA. **Please note, a Medallion Signature Guarantee* is required.**

1. PARTICIPANT INFORMATION:

Participant's Name: _____

Social Security Number: _____

Account Number: _____

Group # (if applicable): _____

Date of Death: ____/____/____
Month Day Year

Date of Birth: ____/____/____
Month Day Year

2. BENEFICIARY INFORMATION – beneficiary of the decedent named in Section 1

Beneficiary: _____
(Provide name of beneficiary. Example: Mary Jones or Estate of John Smith)

Social Security Number: _____
(or Estate/Trust Tax ID)

Residential Street Address: _____

City State Zip Code

Date of Birth: ____/____/____
Month Day Year

*Eldest Beneficiary
Date of Birth (if applicable): ____/____/____
Month Day Year

Home Phone Number

Cell Phone Number

*If multiple non-spouse beneficiaries were named and a non-spouse beneficiary failed to segregate assets by December 31 of year following death, the distribution period may be required to be determined collectively rather than as separate accounts. RMD payments must be calculated based on this date.

3. CAPACITY OF PERSON SIGNING THIS DISTRIBUTION REQUEST FORM

- ☐ I am the spouse beneficiary of the deceased participant
- ☐ I am the non-spouse beneficiary
- ☐ I am the Trustee of a qualified trust named as beneficiary of the deceased participant*
- ☐ I represent a non-individual beneficiary of the deceased (non-qualified trust, charity, etc.)
- ☐ I am the executor of the estate of the participant (if no named beneficiary or named beneficiary predeceased owner)
- ☐ I am the executor of the estate of the named deceased beneficiary who died after the participant
- ☐ I am authorized to act for the minor beneficiary.

*Consult IRS publication 590-B and other IRS materials for an explanation of trust beneficiary requirements

4. YEAR OF DEATH REQUIRED MINIMUM DISTRIBUTION (RMD) *(Complete if applicable)*

Please indicate if the final RMD (amount owed to the deceased participant for the year of death) has been met or if the final RMD needs to be processed before the remaining assets are transferred. Do not make a selection if taking a lump sum distribution. If the participant's death occurred after the required beginning date and you do not make a selection below and are not taking a lump sum distribution, we will default to the second option.

- ☐ RMD has been met for the year of death
- ☐ Deduct the RMD for the year of death prior to transferring the remaining assets to an Inherited IRA.

5. DISTRIBUTION INSTRUCTIONS *(brief explanations on last page)*

If applicable, please select a distribution schedule for Required Minimum Distributions (RMD): life expectancy payments, or distributions related to the Five or Ten Year Rules.

The passage of the SECURE Act requires 403(b)(7) plan accounts inherited from original owners who have passed away on or after January 1, 2020 to be fully distributed within 10 years following the death of the account holder (Ten Year Rule). Under an alternative election to the Ten Year Rule that is available to eligible designated beneficiaries, annual life expectancy payments must begin in the year following the year of the participant's death in the case of assets inherited by a surviving spouse, a disabled or chronically ill beneficiary and beneficiaries who are less than 10 years younger than the participant. Consult with your accountant or tax advisor regarding the available distribution options and tax implications associated with your distribution requests.

A. Distribution Options: **(Select one)**

- ☐ Lump sum distribution
- ☐ Treat IRA as my own (only if spouse was named beneficiary) - An Individual Retirement Account Application must be completed if you do not currently have an IRA. If you have an IRA, indicate your account number here:

- ☐ Transfer to another IRA Custodian - receiving Custodian's Transfer Request Form is required.
- ☐ Life expectancy option - Only for a beneficiary who inherited the 403(b)(7) account **before** January 1, 2020 or for any Eligible Designated Beneficiary including a surviving spouse (who inherited the 403(b)(7) on any date). An Individual Retirement Account Application must be completed to establish an Inherited IRA.
- ☐ Five Year Rule - Only for a beneficiary who inherited the 403(b)(7) account **before** January 1, 2020. An Individual Retirement Account Application must be completed to establish an Inherited IRA. The account must be redeemed fully by 12/31 of the 5th year and no distributions are required before then. Alternatively, you may select the box below to set up a schedule of relatively equal payments.
 - ☐ Relatively equal payments over the course of the 5 year period. Please note you are responsible for ensuring the full balance is redeemed by 12/31 of the 5th year.

Ten Year Rule (for 403(b)(7) accounts inherited on or after January 1, 2020): If the account owner passed prior to their required beginning date for RMDs, annual payments within the ten year period are not required and the full balance of the account must be distributed in full by the end of the ten year requirement. However, you may choose to have distributions processed each year until the end of the ten year period.

If the RMD payments began prior to the passing of the account owner, and unless otherwise instructed, distributions will be made annually based on the beneficiary's single life expectancy for the first nine years following the year of death of the account owner. A full distribution of the remaining assets will be required by 12/31 of the 10th year following the year of death. You must inform BNY to process the last payment in the 10th year.

Alternatively, you can have BNY process relatively equal payments over the course of the ten year period based on the schedule you choose.

- ☐ Ten Year Rule - Only for a beneficiary who inherited the 403(b)(7) account **after** January 1, 2020 (but excluding an Eligible Designated Beneficiary of a 403(b)(7) account owner who died after the required beginning date). An Individual Retirement Account Application must be completed to establish an Inherited IRA.

Please select one of the options below:

- ☐ Single life expectancy payments made annually based on the beneficiary's date of birth for the first 9 years. You must inform BNY to process the last payment for the remaining assets in the 10th year.
- ☐ Relatively equal payments over the course of the 10 year period. Please note you are responsible for ensuring the full balance is redeemed by 12/31 of the 10th year.

B. Distribution Schedule

Please make distributions on the following schedule (*select one*):

- ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Beginning distribution date: _____/_____/_____ on or about the: _____ day of the month
Month Year

C. Payment Options (select one)

- ☐ Mail check to the beneficiary's address referenced in Section 2.
- ☐ Mail check to third party address referenced below. A Medallion Signature Guarantee is required.

Mailing Address: _____

City State Zip Code

- ☐ I want my distributions credited to my existing non-retirement account listed below. Fund account number _____ (if you select this option, the distribution amount must meet the fund's required minimum for subsequent investments. You must be a registered owner on the non-retirement account).

ATTACH VOIDED CHECK

- ☐ I want my distributions sent by **Automated Clearing House** (ACH) to my bank. Attach a voided check from your bank account. Money will be transferred only to the bank account indicated on the voided check. Upon receipt of this form, BNY Mellon Transfer, Inc. (the "Transfer Agent") is authorized to credit my bank account using the ACH option. I understand that these services are governed by the prospectus provisions and the rules of the ACH. I further understand that the option may be terminated or modified at any time without notice by BNY Mellon Investment Adviser, Inc. or the Transfer Agent. A **Medallion Signature Guarantee** is required.
- ☐ I want my distributions sent by **Wire** to my bank. Attach a voided check from your bank account. Upon receipt of this form, BNY Mellon Transfer, Inc. (the "Transfer Agent") is authorized to credit my bank account using the Wire option. I understand that these services are governed by the prospectus provisions and the rules of Wires. I further understand that the option may be terminated or modified at any time without notice by BNY Mellon Investment Adviser, Inc. or the Transfer Agent. A **Medallion Signature Guarantee** is required.

6. FEDERAL INCOME TAX WITHHOLDING

The default rate of federal withholding is 20% for eligible rollover distributions. You can choose a rate greater than 20% (between 20% and 100%) but you generally cannot choose a rate less than 20%. Required Minimum Distributions and certain other distributions are subject to a 10% default rate for federal income tax withholding. You generally can elect another federal withholding rate from 0% to 100%, but you cannot choose less than 10% if these distribution payments will be delivered outside of the United States.

You can review the enclosed IRS Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for further instructions and a rate table that helps you choose a rate that is appropriate for your tax situation. This form can also be found at www.irs.gov/pub/irs-pdf/fw4r.pdf. **YOU DO NOT HAVE TO MAKE A SEPARATE ELECTION ON THE ATTACHED FORM W-4R, AND YOUR WITHHOLDING ELECTION MAY BE MADE ON THIS FORM ONLY.** If you elect not to have withholding apply to your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you do not elect out of withholding, by entering 0% on the line below, withholding will be based on the gross amount of your distribution even though a portion of your distribution may not be subject to tax (e.g., if you have made non-deductible contributions to your Plan).

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments that are not eligible for rollover, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on the line below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. See page 2 of the enclosed Form W-4R for more information.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on the line below. You may not choose a rate less than 20%.

See page 2 of the enclosed Form W-4R for more information.

FEDERAL INCOME TAX WITHHOLDING ELECTION

Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables on page 1 of the enclosed Form W-4R for additional information. Enter the rate as a whole number (no decimals). _____%

7. STATE INCOME TAX WITHHOLDING

Depending on your state of residency, state income tax withholding may be required from your distribution. If applicable, you may elect a withholding rate that is above your state's minimum withholding rate. Certain states may permit you to elect to not have withholding apply. If a minimum withholding rate is required by your state, the custodian will withhold applicable state taxes regardless of your election below. The custodian does not withhold state taxes for all states. To the extent permitted by applicable state law, an election to not have Federal income tax withheld will also apply to state income taxes. To review the impact of state withholding for your state of residence, please speak to your tax consultant.

- ☐ I **do** want state income tax withholding applied to the 403(b)(7) plan distribution at a rate of _____ %.
- ☐ I **do not** want state income tax withholding applied to the 403(b)(7) plan distribution.

8. BENEFICIARY CERTIFICATION AND SIGNATURE

I have read the "Special Tax Notice" and request the distribution, rollover or transfer from my 403(b) (7) retirement account. In support of this distribution request form, I hereby certify that all information provided in this form by me is true and accurate, and that:

- I hereby waive my right to a 30-day period in which to consider whether or not to elect a direct rollover.
- With respect to my withholding election in Section 6 above (Federal Income Tax Withholding), I acknowledge that I have read the attached IRS Form W-4R and its instructions. (Form W-4R is attached for informational purposes only and does not need to be completed.)
- If applicable, I take full responsibility for satisfying the Required Minimum Distribution requirements of Section 401(a)(9) of the Internal Revenue Code and I am aware that a separate form should be completed to establish a schedule of distribution payments.

Under the penalties of perjury, I certify that [1] the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, [2] I am not subject to backup withholding either because: (a) I am exempt from backup withholding, or (b) I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends, or the Internal Revenue Service ("IRS") has notified me that I am no longer subject to backup withholding, [3] I am a U.S. person (including a U.S. resident alien) and [4] the Foreign Account Tax Compliance Act ("FATCA") code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is (are) correct. If you are exempt from FATCA reporting (if you are unsure, consult your tax advisor or the IRS), enter your exemption from FATCA reporting code (if any) here: _____. NOTE: Strike out item [2] if you have been notified that you are subject to backup withholding by the IRS and you have not received a notice from the IRS advising you that backup withholding has been terminated.

The IRS does not require your consent to any provision other than the certifications required to avoid backup withholding.

I acknowledge that I have been advised to seek professional tax advice with respect to the requested distribution, if applicable, and that I am solely responsible for any and all tax consequences of the distribution. I agree to hold the Employer/Plan Administrator and Custodian harmless with respect to any tax consequences. I am aware that under certain situations I am required to obtain a Medallion Signature Guarantee in proper form. Please contact us for details on whether a Medallion Signature Guarantee is required.

Name (print)

Relationship to Participant (e.g. *surviving spouse*)

Beneficiary Signature

Date

Capacity (example: *participant, beneficiary, executor/administrator for estate of beneficiary* _____ who passed away on _____.)

Medallion Signature Guarantee*:

*Medallion Signature Guarantee Requirement

The Transfer Agent has adopted standards and procedures pursuant to which Medallion Signature Guarantees in proper form generally will be accepted from domestic banks, brokers, dealers, credit unions, national securities exchanges, registered securities associations, clearing agencies and savings associations participating in the New York Stock Exchange Medallion Signature Program (MSP), the Securities Transfer Agents Medallion Program (STAMP) and the Stock Exchanges Medallion Program (SEMP). Notarization by a Notary Public is not an acceptable guarantee.

9. EMPLOYER AUTHORIZATION

Note: Employer authorization may not be required. Please call 1-800-358-0910, Monday through Friday, 9 a.m. to 5 p.m., ET for additional information.

I hereby certify that the beneficiary is eligible for the transfer or distribution requested above. I understand that if the plan account is part of a 403(b) Plan subject to Title I of ERISA, it is my responsibility to ensure that the Plan complies with the requirements of Title I of ERISA.

Employer Name (print)

Authorized Signer Name (print)

Signature

Date

MAILING INSTRUCTIONS

Mail this form to:
BNY Shareholder Services
P.O. Box 534434
Pittsburgh, PA 15253-4434

For registered, certified or overnight mail:
BNY Shareholder Services
Attention: 534434
500 Ross Street, 154-0520
Pittsburgh, PA 15262

For assistance: 1-800-358-0910

Brief Explanation of Beneficiary Election Options

(Consult IRS Publication 590-B and other IRS materials for further information.)

If the beneficiary of an inherited 403(b)(7) plan account rolls over the account to an Inherited IRA, the beneficiary will be permitted to take distributions as elected under the Inherited IRA. Distributions are subject to minimum distribution requirements under federal tax law, and a summary of the election options for the Inherited IRA is provided below. Failure to withdraw the proper RMD amount by the applicable deadline could result in a 25% penalty tax on the amount not distributed. If the shortfall is timely corrected within 2 years, the penalty tax is possibly reduced to 10%.

- I. Election options for beneficiaries of a 403(b)(7) plan participant who died before the Required Beginning Date* (RBD)
 - a. Surviving Spouse or other Eligible Designated Beneficiary**
 1. For Spouse beneficiary only: Treat the IRA as your own - The inherited 403(b)(7) plan account is rolled over to your existing IRA or a new IRA by completing the Individual Retirement Account Application.
 2. Five Year Rule (only for a beneficiary who inherits the 403(b)(7) account **before** 1/1/2020) - The Inherited IRA must be fully depleted by December 31 of the fifth year following the participant's death. Distributions may be taken or delayed until this deadline.
 3. Ten Year Rule (only for a beneficiary who inherits the 403(b)(7) account **on or after** 1/1/2020) - The Inherited IRA must be fully depleted by December 31 of the tenth year following the participant's death. Distributions may be taken or delayed until this deadline.
 4. Life Expectancy Payments - Distributions based on the beneficiary's single life expectancy, recalculated, must begin by December 31 of the year following the year of the participant's death (but a surviving spouse may delay them until the year the participant would have reached their RBD*).
 5. Lump Sum Distribution
 - b. Other individual beneficiary (excluding an Eligible Designated Beneficiary) or qualified trust
 1. Five Year Rule (only for a beneficiary who inherits the 403(b)(7) **before** 1/1/2020) - The Inherited IRA must be fully depleted by December 31 of the fifth year following the participant's death. Distributions may be taken or delayed until this deadline.
 2. Ten Year Rule (only for a beneficiary who inherits 403(b)(7) account **on or after** 1/1/2020) - The Inherited IRA must be fully depleted by December 31 of the tenth year following the participant's death. Distributions may be taken or delayed until this deadline.
 3. Life Expectancy Payments (only for a beneficiary who inherits the 403(b)(7) account **before** 1/1/2020) - Non-recalculated life expectancy payments, based on the life expectancy of the oldest beneficiary, to begin by December 31 of the year following the participant's death.
 4. Lump Sum Distribution
 - c. Non-individual beneficiary (estate, non-qualified trust, etc.)
 1. Five Year Rule - The Inherited IRA must be fully depleted by December 31 of the fifth year following the participant's death. Distributions may be taken or delayed until this deadline.
 2. Lump Sum Distribution
- II. Election options for beneficiary of a 403(b)(7) participant who died after the RBD*
 - a. Surviving Spouse or other Eligible Designated Beneficiary**
 1. For Spouse beneficiary only: Treat the IRA as your own - The inherited 403(b)(7) plan account is rolled over to your existing IRA or a new IRA by completing the Individual Retirement Account Application.
 2. Life Expectancy Payments - Distributions based on the beneficiary's single life expectancy must begin by December 31 of the year following the year of the participant's death.
 3. Lump Sum Distribution
 - b. Other individual beneficiary (excluding an Eligible Designated Beneficiary) or qualified trust
 1. Life Expectancy Payments (only for a beneficiary who inherits the 403(b)(7) account **before** 1/1/2020) - Non-recalculated single life expectancy payments, based on the life expectancy of the oldest beneficiary, to begin by December 31 of the year following the year of the participant's death.

Brief Explanation of Beneficiary Election Options Continued

(Consult IRS Publication 590-B and other IRS materials for further information.)

2. Ten Year Rule (only for a beneficiary who inherits the 403(b)(7) account **on or after 1/1/2020**) - The Inherited IRA must be fully depleted by December 31 of the tenth year following the participant's death.
-For the first nine years, distributions must be made annually based on the beneficiary's single life expectancy in the year following the year of death of the participant. A full distribution of all remaining assets must be made by December 31 of the tenth year following the year of death.
3. Lump Sum Distribution
- c. Non-individual beneficiary (estate, non-qualified trust, etc.)
 1. Life Expectancy Payments - continue distributions based on the participant's remaining life expectancy, begun by December 31 of the year following the participant's death.
 2. Lump Sum Distribution

This is generally a taxable event and is reported to the IRS on Form 1099R.

*RBD is April 1 of the year after the original plan participant turns (i) 70½ if born before July 1, 1949, (ii) 72 if born on or after July 1, 1949 but before January 1, 1951, or (iii) 73 if born on or after January 1, 1951. In general, for a plan participant, the RBD may be delayed until the year in which the plan participant retires, if later.

**An "Eligible Designated Beneficiary" generally includes any individual who is a surviving spouse, a disabled or chronically ill beneficiary, or a beneficiary who is less than 10 years younger than the original participant.

IMPORTANT INFORMATION: The options and related summary information reflected on this form may be modified or viewed differently by the IRS, and exceptions may apply depending on your circumstances. Please consult your tax advisor for more detailed information or for advice regarding your individual situation.