Plan name: City of Holyoke 457(b) FICA Alternative Def Comp Plan

Plan number: 744782-02

## Separation from Employment Withdrawal Form

Use this form if you are no longer employed with City of Holyoke to request a payment to yourself or a rollover.

- The enclosed instruction guide will help you as you fill out this form.
- Read the enclosed notice carefully. It contains important tax information.
- Questions on this form? Call 1-866-816-4400.

## Step 1: Your information

is required to be compl		not write	outside t	he boxes.	All requ	ested pe	rsonal	infor	mation
First name	cicu.	MI Las	t name (E	ntire name	must mat	ch the na	me on f	ile.)	
								Ī	
U.S. Social Security number		te of birth m/dd/yyyy)				t extensi applies)	on		, ,
Update me on withdray	val status (optional) by								
Text message (area code	+ number)	,		ilso check rmyretire			reques		
Email address									
									- Landaday
Citizenship - Failure to pro	vide the following informat	tion will resul	t in delays	,					
Are you a U.S. citizen or U.S. resident alien?	Yes OR No Olif no, complete the Country of legal re	e following i	nformatio	on:		· · · · · · · · · · · · · · · · · · ·			
	You must submit IRS f W-8BEN at irs.gov. If tl withdrawal will be wit W-8BEN requirements	the W-8BEN fo thheid for fec	rm is not p	provided or i	s not filled	out corre	ctly, 30%	6 af you	ır S Form



Last 4 digits of SSN/TIN
<ul> <li>Confirm your address</li> <li>Write in the first line of your address.</li> <li>Exclude your city, state and ZIP code.</li> <li>We will use this to confirm that we have your correct address on file.</li> <li>If your address is different than what we have on file, we will not use this address to update your account and your withdrawal may be delayed.</li> <li>If you believe that we do not have your correct address or if you need to change your address, call us at 1-866-816-4400 before submitting this form.</li> <li>Account address (include street address with apt/unit # if applicable [exclude city, state and zip code])</li> </ul>
Step 2: Account information
What is your reason for requesting this withdrawal? (Choose only one.)  Retirement Separation from employment (not retired)  Step 3: Withdrawal instructions
Follow the instruction guide for information on how to complete Step 3.
<ul> <li>If you are requesting a rollover:</li> <li>Make sure you have opened your new rollover account(s) before you complete this form.</li> <li>To establish a new Empower Premier IRA, call 1-877-804-6257. For an Empower Brokerage IRA, call 1-844-644-0112. See the instruction guide for additional details.</li> <li>Rollover checks will be made payable to the name of the new IRA company or your new employer's retirement plan.</li> <li>Please be sure to include the account number of your new IRA or your new employer's plan.</li> </ul>
All rollover checks will be mailed to you at the address we have on file.
You will be responsible for sending the rollover check to your new account.
Partial withdrawals are only available if you already have existing installment payments set up on your account. Otherwise, you must withdraw 100% and close this account.
Continue to the next page to make your withdrawal elections.



Last	t 4 digits of SSN/TI	N				
Ste	ep 3: Withdr	rawal instructions				
Но	w would you l	ike to withdraw your money?				
Οp	tion A:	Pay it to me.				
Op	tion B:	Roll over funds and save for my retirement.				
Bot	th:	Pay some to me and roll over the rest. Complete both Option A and Option B.				
A	How much o Full withdrawal:	f your money do you want paid to you?  Pay 100% to me.				
Option /	Partial withdrawal:	Pay a portion to me (choose either a percentage or dollar amount, <b>not both</b> ):  Percentage  Dollar amount  Moreover with the sources with the percentage or dollar amount, <b>not both</b> ):  Percentage  Dollar amount  Exclude rollover money sources. If this box is not selected, rollover money sources with the included.				



Last	4 d	igits	of	SN/TIN

# Step 3: Withdrawal instructions

	How much of (Please note: If y before the rollov	your money do you want to roll over? you are due a required minimum distribution (RMD), it will be calculated and paid to you er is processed.)				
	Full rollover:	Roll over 100%.				
on B	Partial rollover:	Roll over the rest of my withdrawal not paid in Option A.  Roll over a portion (choose either a percentage or a dollar amount, not both):  Percentage  Dollar amount  OR  Exclude rollover money sources. If this box is not selected, rollover money sources will				
Option	Where would	be included. d you like to roll over your money?				
	To an Empower Premier IRA: (fee waived)	Traditional IRA (enter account number below)  Roth IRA (enter account number below) (A rollover of pretax money to a Roth IRA is a taxable event subject to ordinary taxes.)				
	To an Empower Brokerage IRA:	Traditional IRA (enter account number below)  X R A  Roth IRA (enter account number below) (A rollover of pretax money to a Roth IRA is a taxable event subject to ordinary taxes.)  X R A  X R A  X R A  X R A  X R A  X R A  X R A  X R A  X R A  X R A  X R A  X R A  X R A  X R A  X R A  X R A  X R A  X R A  X R A  X R R A  X R R A  X R R R R R R R R R R R R R R R R R R				



Last	4 d	igits	of S	SSN/TIN

# Step 3: Withdrawal instructions

	To an account	☐ Traditional IRA		
n't)	elsewhere:	Roth IRA (A rollover of pretax money to a Roth IRA is a taxable event subject to ordinary taxes.)		
В (соп	Transmission of the Control of the C	An employer-sponsored retirement plan		
1 - 1	INAME OF THE IRA COMBANY OF EMPLOYER-SHORSORED REFEREMENT DIAN			
ption	Territoria Carlos			
ō		Account number for your new IRA or employer-sponsored retirement plan		
	ni de la companya de			
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Last 4 digits of SSN/TIN	1				
Step 4: Tax withholding					
federal taxes. If a porti	on of feder	a portion of this withdrawal paid to you, we wil <b>l automatically withhold 20%</b> for this withdrawal is treated as your required minimum distribution (RMD), we will al taxes for this portion of your payment. Any state tax withholding is based on			
Federal tax:		We will automatically withhold the amount listed above.			
		ADD an EXTRA (choose either a percentage or a dollar amount, not both):  Percentage  Dollar amount  OR \$			
		Do not withhold federal taxes on the portion of my payment treated as an RMD.			
State tax:		Withhold the default amount			
		ADD an <b>EXTRA</b> (choose either a percentage or a dollar amount, <b>not both</b> ):			
		Percentage Dollar amount OR \$ , , , , , , , , , , , , , , , , , ,			
		Do not withhold state taxes from my withdrawal.			

I have attached the election form for my state, if required.



				}
				}
Last	4 d	igits	of S	SSN/TIN

# Step 5: Delivery options

r	·					
For all amounts paid directly to you:		Regular mail to my address on file. (Free)				
paid directly to you.		<b>Express</b> delivery to my address on file. <b>(\$30.00 fee.)</b> Estimated delivery is two to three business days after the withdrawal is completed.				
		<b>Electronic</b> deposit (ACH) to the bank account on file. <b>(Free)</b> Estimated delivery is two to three business days after the withdrawal is completed.				
		Important: If you have more than one bank account on file with us, please provide the account nickname and the last four digits of the account number that you would like to use. For your protection, your ACH banking information must have been previously submitted to us and verified; otherwise, we will send the check(s) to your address on file.				
		Bank account nickname				
		Last four digits of the bank account number				
For all rollover checks:		<b>Regular</b> mail to my address on file. <b>(Free)</b> Estimated delivery is up to five business days after the withdrawal is completed.				
		<b>Express</b> delivery to my address on file. <b>(\$30.00 fee.)</b> Estimated delivery is two to three business days after the withdrawal is completed.				



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## Step 6: Signatures and consent

### My consent:

I understand and agree to all pages of this form, instruction guide and notice(s) and affirm all information is correct. I acknowledge the following:

I understand I have the option to elect an installment payout allowed under my plan, and I have elected the withdrawal option listed above.

I request a withdrawal of my account according to my instructions on the form. Once a payment has been completed, it cannot be changed or reversed. I understand that my election(s) on this form are effective for 180 days. If I request a full withdrawal from my account, any residual amounts that may be posted to my account will be paid out in the same manner as I have elected on this form. I consent to any subsequent payment of these residual amounts in accordance with this form.

Under penalty of perjury, I certify that the U.S. Social Security number or U.S. Taxpayer Identification number shown in Step 1 is correct. I am a U.S. person if I marked Yes to the Are you a U.S. citizen or U.S. resident alien? question in Step 1 of this form.

I understand that the IRS requires me to receive the 402(f) Notice of Special Tax Rules on Distributions, which is included in this packet. I have 30 days after the receipt of this notice to determine if I would like to take a withdrawal. By signing this form, I understand I am taking money out before the 30-day decision period expires, and once a payment has been processed, it cannot be changed or reversed.

#### Please note:

We must comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury (OFAC). As a result, we 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 U.S. Department of the Treasury website at: home.treasury.gov and enter *OFAC* in the search bar.

This withdrawal request may be subject to an administrative review period prior to processing, and the investments in your account will not be sold until the withdrawal is completed. The review period may take several business days. Your investments may fluctuate with market performance, so you may want to review your account with your advisor prior to making a withdrawal request. If you initiate a fund transfer during the review period, it may delay your withdrawal. If you want to make investment changes prior to withdrawal, please contact us or access your account online.

Any person who presents a false or fraudulent claim is subject to criminal	and civil penalties.
My signature	Signature date (Required)
An original, handwritten signature is required on this form.	(mm/dd/yyyy)



## Verify and send

## Make sure to complete each step.

Did you provide all nine digits of your U.S. Social Security number/U.S. Taxpayer Identification number on the first page and the last four digits on the other pages, answer the citizenship questions and obtain all handwritten signatures? Omitting information will cause delays.

## Send your request. Return all pages with the bar code.

Electronically:	Log into your account at <b>empowermyretirement.com</b> and click <i>Account</i> at the top of the page and then select <i>Overview</i> from the drop down menu. From the left navigation menu, select <i>Upload documents</i> .
Regular Mail:	Empower Retirement, PO Box 173764, Denver, CO 80217-3764
Express Mail:	Empower Retirement, 8515 E. Orchard Road, Greenwood Village, CO 80111

### What to expect:

Your form requires approval from City of Holyoke. Acquiring the approval(s) may take several business days. Once your form is approved, it can take up to an additional three to five business days for it to be processed, and additional time may be needed for delivery.

### **Contact information:**

Online

empowermyretirement.com

By phone

1-866-816-4400 weekdays from 8 a.m. to 10 p.m. Eastern time

1-303-737-7249 from outside the U.S.

TTY number 1-800-345-1833

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