

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

Print in block letters in black or blue ink. Do not write outside the boxes. All requested personal information is required to be completed.

First name	MI	Last name (Entire name must match the name on file.)
<input type="text"/>	<input type="text"/>	<input type="text"/>

U.S. Social Security number/U.S. Taxpayer Identification number	Date of birth (mm/dd/yyyy)	Account extension (if this applies)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Update me on withdrawal status (optional) by:

Text message (area code + number)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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You can also check the status of your request at:
empowermyretirement.com

Standard text messaging rates from your mobile carrier may apply.

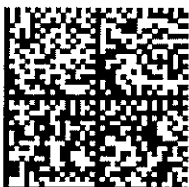
Email address

<input type="text"/>

Citizenship - Failure to provide the following information will result in delays.

Are you a U.S. citizen or U.S. resident alien?	Yes <input type="checkbox"/> OR No <input type="checkbox"/>
	If no, complete the following information: Country of legal residence
	<input type="text"/>

You must submit IRS form W-8BEN with your withdrawal request. Download and print form W-8BEN at irs.gov. If the W-8BEN form is not provided or is not filled out correctly, 30% of your withdrawal will be withheld for federal taxes. Refer to the instruction guide for important IRS Form W-8BEN requirements.



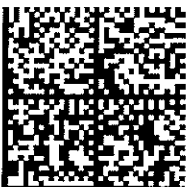
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Last 4 digits of SSN/TIN

Step 3: Withdrawal instructions

How would you like to withdraw your money?	
Option A:	<input type="checkbox"/> Pay it to me.
Option B:	<input type="checkbox"/> Roll over funds and save for my retirement.
Both:	<input type="checkbox"/> Pay some to me and roll over the rest. Complete both Option A and Option B.

How much of your money do you want paid to you?		
Option A	Full withdrawal:	<input type="checkbox"/> Pay 100% to me.
	Partial withdrawal:	<input type="checkbox"/> Pay a portion to me (choose either a percentage or dollar amount, not both): Percentage Dollar amount <input type="text"/> <input type="text"/> <input type="text"/> % OR \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="checkbox"/> Exclude rollover money sources. If this box is not selected, rollover money sources will be included.		

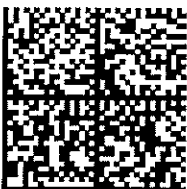


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Last 4 digits of SSN/TIN

Step 3: Withdrawal instructions

Option B	How much of your money do you want to roll over? (Please note: If you are due a required minimum distribution (RMD), it will be calculated and paid to you before the rollover is processed.)																																				
	Full rollover:	<input type="checkbox"/> Roll over 100%.																																			
	Partial rollover:	<input type="checkbox"/> Roll over the rest of my withdrawal not paid in Option A. <input type="checkbox"/> Roll over a portion (choose either a percentage or a dollar amount, not both): Percentage <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> % OR Dollar amount \$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> , <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table>																																			
	<input type="checkbox"/> Exclude rollover money sources. If this box is not selected, rollover money sources will be included.																																				
Where would you like to roll over your money?																																					
To an Empower Premier IRA: (fee waived)	<input type="checkbox"/> Traditional IRA (enter account number below) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <input type="checkbox"/> Roth IRA (enter account number below) (A rollover of pretax money to a Roth IRA is a taxable event subject to ordinary taxes.) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																				
To an Empower Brokerage IRA:	<input type="checkbox"/> Traditional IRA (enter account number below) <table border="1"><tr><td>X</td><td>R</td><td>A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <input type="checkbox"/> Roth IRA (enter account number below) (A rollover of pretax money to a Roth IRA is a taxable event subject to ordinary taxes.) <table border="1"><tr><td>X</td><td>R</td><td>A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	X	R	A																X	R	A															
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Last 4 digits of SSN/TIN

Step 4: Tax withholding

If you choose to have all or a portion of this withdrawal paid to you, we will **automatically withhold 20%** for federal taxes. If a portion of this withdrawal is treated as your required minimum distribution (RMD), we will only withhold **10%** for federal taxes for this portion of your payment. Any state tax withholding is based on your state of residence.

Federal tax:	<input checked="" type="checkbox"/> We will automatically withhold the amount listed above. <input type="checkbox"/> ADD an EXTRA (choose either a percentage or a dollar amount, not both): Percentage <input type="text"/> <input type="text"/> <input type="text"/> % OR Dollar amount \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="checkbox"/> Do not withhold federal taxes on the portion of my payment treated as an RMD.
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State tax:	<input type="checkbox"/> Withhold the default amount <input type="checkbox"/> ADD an EXTRA (choose either a percentage or a dollar amount, not both): Percentage <input type="text"/> <input type="text"/> <input type="text"/> % OR Dollar amount \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="checkbox"/> Do not withhold state taxes from my withdrawal. I have attached the election form for my state, if required.
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Last 4 digits of SSN/TIN

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.

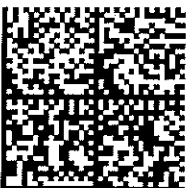
My signature

Signature date (Required)

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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 empowermyretirement.com 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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Effective December 31, 2020, Empower Retirement (Empower) acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business, which includes group insurance retirement business issued by Talcott Resolution Insurance Company (Talcott) previously purchased by MassMutual. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. MML Distributors, LLC is the principal underwriter for the Talcott group insurance contracts. Empower Retirement is not affiliated with MassMutual, Talcott, or any of their respective affiliates.