

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

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE _____ EVENING PHONE: _____

E-MAIL: _____ DATE OF BIRTH: ____/____/____

MARITAL STATUS: MARRIED UNMARRIED

SCHOOL DISTRICT PLAN NUMBER: _____
 (Not required)

INSTRUCTIONS

1. Please review and complete all applicable sections of this form to enable prompt processing.
2. All checks issued by Voya Financial are mailed to your current address on record. You can not use this form to change your address. Before submitting this form, please go online or contact a Customer Service Associate to verify that the Plan has your current address. Failure to do so may result in your check being mailed to an incorrect address. The contact information is available on the last page of this form. If the address on record is incorrect, please contact the plan. Verify that the Plan has been updated prior to submitting this form.
3. Sign and mail your form for processing.

PLEASE NOTE: AN INCOMPLETE APPLICATION WILL CAUSE A DELAY IN RECEIVING YOUR CHECK.

INSTALLMENT PAYMENT OPTIONS

New Installment **Change Installments** **Stop Installments**

Frequency: Monthly Quarterly Semi-Annual Annual

Please Choose one option:

Payment of a certain amount until the account is exhausted. Specified dollar amount: \$ _____

Payments over a specified time period of _____ years.

Installments will begin as soon as administratively possible and are processed on the closest business day to the 1st and the 16th of the month chosen. Please confirm which date you would like your payment processed.

1st **16th** **Payment start month: _____**

FEDERAL AND STATE INCOME TAX WITHHOLDING

Tax Withholding Elections: Regardless of whether or not federal or state income tax is withheld, you are liable for taxes on the taxable portion of the payment. If you do not have a sufficient amount withheld, you may be subject to tax penalties under the Estimated Tax Payment rules. An election made for a single non-recurring distribution applies only to the payment for which it is being made.

FEDERAL WITHHOLDING RULES

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

Periodic Payments — Withholding from periodic payments of a pension or annuity that are not rollover eligible is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year*. You may opt out of withholding. If you do not elect out, withholding from your periodic payment will be based on the marital status and withholding allowances you specify below. You may also elect an additional amount to be withheld from your payment. If you do not make an election, withholding will occur at a rate equal to an election of “Married with 3 withholding allowances”.

You are responsible for understanding and planning for the tax implications of any withdrawal. You may wish to contact your financial/tax advisor before submitting this form.

*Periodic payments made from qualified retirement plans that are not based on life expectancy or are expected to last less than 10 years remain rollover eligible and are subject to the mandatory 20% withholding described above.

FEDERAL WITHHOLDING INSTRUCTIONS

DO NOT withhold any federal income tax unless mandated by law

DO withhold federal taxes

Default: If no election is made, standard federal income tax withholding will occur applicable to your type of distribution.

Marital Status: Single Married Married, but withhold at higher “Single” rate

Total number of allowances: _____

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

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

STATE WITHHOLDING INSTRUCTIONS:

DO NOT withhold any state income tax unless mandated by law

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

Note: If you do not make an election or if your state requires a greater amount of withholding, we will withhold at the rate specified by your state of residence for the type of payment you are receiving. In some cases, your state specific withholding election form is required to opt out of withholding or to choose a rate other than the state’s default rate. Refer to the plan website for State Income Tax Withholding Notification and/or your State Department of Taxation for details.

HOW WOULD YOU LIKE TO RECEIVE YOUR INSTALLMENT PAYMENTS?

First class mail.

Automated Clearing House Note: You must already have banking information on file with the Plan for at least 7 days in order for this payment to be deposited to your bank via ACH. You may update your ACH banking information on the **Pension2.com** website.

AUTHORIZATION

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

PARTICIPANT'S SIGNATURE _____ **DATE** _____

CHECKLIST

PLEASE REVIEW YOUR APPLICATION CAREFULLY.

- Confirmed that your address on file matches your current address
- Made your selection on the frequency, start date and how much you would like your installments to be
- Selected a delivery method
- Made your tax elections
- Signed and dated this form
- Acquired Third Party Administrator and/or Employer authorized signature or approval certification

If you have any questions or need to obtain additional plan or account information, please go online at Pension2.com or call the CalSTRS Pension2 Service Center at 1-844-electP2 (1-844-353-2872) (TTY/TTD users call 1-800-468-5449). Customer Service Associates are available Monday through Friday, 6:00 A.M. to 5:00 P.M. Pacific Time (excluding stock market holidays).

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

VIA FAX

Voya Financial
Attn: CalSTRS Pension2
Plan Administration
1-888-814-5862

VIA MAIL

Voya Financial
Attn: CalSTRS Pension2
Plan Administration
P.O. Box 389
Hartford, CT 06141

VIA OVERNIGHT DELIVERY

Voya Financial
Attn: CalSTRS Pension2
Plan Administration
One Orange Way
Windsor, CT 06095

THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed if required by the Employer.

I am employed as a Third Party Administrator of the Plan identified above and certify the following:

- I have read and agree to the terms of the requested withdrawal;
- I have verified the Participant's eligibility for such withdrawal and have not relied solely on information provided by the Participants in this form in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document; and
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Participant to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me.

The Third Party Administrator for the Plan identified above has recorded this withdrawal in their records for this plan.

NAME OF TPA FIRM _____

AUTHORIZED SIGNER NAME (PLEASE PRINT) _____

SIGNATURE _____ **DATE (MM/DD/YYYY)** _____

EMPLOYER OR PLAN SPONSOR AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed when required to do so by a contract between the Company and the Employer.

I am an Employer or Plan Sponsor of the plan identified above and certify the following:

- The requested benefits are permitted by the plan.
- The distribution is being made from a contract used to fund a 403(b) plan.
- I have read and agree to the terms and conditions of the requested withdrawal and certify that the information stated above is true and complete. I further understand that the Company may rely conclusively on these certifications in processing the requested benefits above and that, in the case of any conflicting information, the Company is entitled to rely exclusively on the information contained in this Withdrawal Request.
- I have amended my Plan document to reflect all applicable federal tax legislation and IRS guidance, including the Pension Protection Act of 2006, in accordance with the IRS's remedial amendment period.

AUTHORIZED SIGNER NAME (PLEASE PRINT) _____

SIGNATURE _____ **DATE (MM/DD/YYYY)** _____