

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

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE: _____ EVENING PHONE: _____

EMAIL: _____ 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 to verify that the Plan has your current address. Failure to do so may result in your check being mailed to the incorrect address. The contact information is available on the last page of this form. If the address on record is incorrect and you are actively employed, please contact your employer to update your current address or if you have separated from service, please contact the plan. Verify that the Plan has been updated prior to submitting this form.

3. Prior to mailing this form for processing, include your signature and the approval of the TPA or employer if required.

PLEASE NOTE: AN INCOMPLETE APPLICATION OR NOT SUPPLYING ALL REQUIRED DOCUMENTATION WILL CAUSE A DELAY IN RECEIVING YOUR CHECK.

EMPLOYMENT STATUS

EMPLOYED SEPARATED FROM SERVICE SEPARATION DATE _____

DISTRIBUTION CHOICES FOR CURRENTLY EMPLOYED PARTICIPANTS

Funds for distribution will be withdrawn based on the plan's distribution withdrawal hierarchy.

Withdrawal from Rollover Account AMOUNT \$ _____
 Withdrawal of funds that were rolled into your account from a previous employer's plan

Roth Withdrawal AMOUNT \$ _____
 See attached Roth special tax notice

DISTRIBUTION CHOICES FOR PARTICIPANTS SEPARATED FROM SERVICE (ONLY CHECK 1 BOX)

Funds for distribution will be withdrawn based on the plan's distribution withdrawal hierarchy.

Full Distribution
 Complete distribution of your vested account balance

Partial Distribution AMOUNT \$ _____
 Partial distribution of your vested account balance

ROLLOVER OPTIONS

Check box to request rollover of distribution. Provide rollover information below. Applies to withdrawal from rollover account, Roth withdrawal, full distribution and partial distribution only. If a dollar amount or percentage has not been provided, a full rollover will be processed. Check will be mailed to your home address. If an RMD is due in current year, that amount cannot be rolled over and it will be sent in a separate check payable to you.

Rollover Amount \$ _____ or % _____

If selecting less than 100% rollover, the remainder of the requested funds will be taxed as outlined below and made payable to you.

Rollover to a 401, 403(b) or government 457(b) plan

Rollover to an IRA (traditional)

Rollover to a Roth IRA

Check made payable to (Institution): _____ Account Number: _____

For Roth Rollovers:

Check made payable to (Institution): _____ Account Number: _____

Please note that by using your social security number as the account number we will print this on your rollover check and distribution statement.

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. 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.

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.

Non-eligible rollover distribution – 10% withholding: Non-eligible rollover payments from pensions, annuities, and IRA's are subject to a flat 10% federal withholding rate unless you choose not to have federal income tax withheld. These include for example, required minimum distributions and hardship withdrawals. You can choose not to have withholding applied to your non-eligible rollover distribution by checking the applicable box below. You may also elect withholding in excess of the flat 10% rate.

FEDERAL WITHHOLDING INSTRUCTIONS

DO NOT withhold any federal income tax unless mandated by law

DO withhold federal taxes

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 no state withholding election is checked above 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 your plan's website and/or your State Department of Taxation for details.

HOW WOULD YOU LIKE TO RECEIVE YOUR WITHDRAWAL?

- First class mail at no additional charge.** If you previously set up an ACH Direct Deposit election, you cannot choose this option. Your distribution request will be directly deposited based on the banking instructions you have on file. You will not receive a check.
- Expedited delivery.** I understand I will pay a nonrefundable fee of \$50 which will be deducted from my account. If you previously set up an ACH Direct Deposit election, you cannot choose this option. Your distribution request will be directly deposited based on the banking instructions you have on file. You will not receive a check.
- 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 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. If applicable, 20% withholding will be applied to the payment unless the Rollover Options section is completed.

PARTICIPANT SIGNATURE _____ **DATE** _____

CHECKLIST

PLEASE REVIEW YOUR APPLICATION CAREFULLY.

- Liquidated self-managed accounts and transferred back into your plan's designated investments when requesting a distribution that requires funds held in it
- Confirmed that your address on file matches your current address
- Included your termination/retirement date if requesting a separated from service distribution
- Made your distribution selection according to status (active or separated from service) and indicated the amount or percent where required
- Indicated your rollover institution and account number if you are requesting a rollover
- Selected a delivery method if requesting a check
- Made your tax elections
- Signed and dated this form

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 24747
Jacksonville, FL 32241-4747

VIA OVERNIGHT DELIVERY

Voya Financial
Attn: CalSTRS Pension2 Plan
Administration
8900 Prominence Parkway
Jacksonville, FL 32256-8264

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.

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 governmental 457(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)** _____