

Distribution Request Form

Instructions: Required Minimum Distribution Form

PLEASE REVIEW THESE SECTIONS CAREFULLY BEFORE COMPLETING AND SUBMITTING THE REQUEST.

BEFORE REQUESTING A DISTRIBUTION

You may wish to consult an investment or tax advisor to discuss how taking a distribution may impact your retirement savings and/or your tax filing for the year.

This form is to be used for all Required Minimum Distributions. If you require another type of distribution, please contact your plan administrator.

Completing the Application

1. Complete all "required" sections of the Required Minimum Distribution Form. Unless otherwise noted, you as Participant, Beneficiary, or Alternate Payee will fill out all required sections.
2. Physically sign and date in section "Signature of plan participant or recipient".
Once the form is complete, please return the completed form (all pages) to the following:

Newport Group
Attn: Participant Services
35 Iron Point Circle Suite 300
Folsom, CA 95630
Fax: (608) 784-0666; or email to: requests@newportgroup.com

Additional information

Processing time: All forms are processed in the order received. Incomplete or inconsistent information on the form may delay the distribution processing.

Delivery Method: The normal distribution method is paper check sent via regular mail through the United States Postal Service to your address on record with Newport Group. To view or update your name and/or address of record, please call 1-844-749-9981 or visit www.newportgroup.com prior to submitting your distribution request. You may request expedited delivery by selecting this option in the Delivery Method Section of this form. If you choose this option an overnight delivery fee may apply. Please log into your account at www.newportgroup.com to access the Participant Investment and Fee Disclosure Document.

Distribution Request Form: Required Minimum Distribution



For assistance call: 1-844-749-9981 or visit www.newportgroup.com

Plan name: CWA, AFL-CIO LOCAL 1170 RETIREMENT PLAN DA14245-000000006

Note: This form may not be used for Hardship Withdrawals, Installment Payments, Annuity Payments, or General Purpose Distributions. If you require one of these distributions, contact your plan administrator for the appropriate form.

Plan participant information (required):				
Name (First)	(Middle Initial)	(Last)	Social Security Number / Tax ID	
Date of Birth (mm/dd/yyyy)	Daytime Telephone Number ()		E-mail	
Street Address		City	State	Zip
Marital status: Single [] Married []				

Deferred RMD

If you are requesting a deferred RMD payment for a prior year, check the box below and provide the RMD calculation year.

I am requesting a deferred RMD for a prior year. Please process my RMD for year: _____

Tax Withholding Election (required for cash distributions):

Federal Taxes will be withheld at 10%. State taxes will be withheld at the rate required by your primary state of residence. You may, however, elect the following:

Tax Withholding Election:

a. Federal Withholding:

- I elect to have a total of _____% Federal Income Tax withheld (must be a whole number)
- I elect to have NO Federal Income Tax withheld

b. State Withholding: Primary State of Residence _____ (if different from address listed under Account Holder Information). I understand that my request will be processed with standard state withholding, unless I check otherwise below.

- I elect to have NO State Income Tax withheld (if allowed by my Primary State of Residence). If state withholding is required, the mandatory amount will be withheld.
- I elect to have \$_____ in State Income Tax withheld (if allowed by my Primary State of Residence). If more state withholding is required, the mandatory amount will be withheld.

Delivery Method:

The default delivery method is a paper check sent via United States Postal Service to your address of record. To update your name or address of record, please call 1-844-749-9981 or visit www.newportgroup.com prior to submitting your distribution request. To request expedited delivery check the box below:

I request expedited delivery of my cash distribution to the address of record. I understand that overnight delivery fees may apply. Cannot overnight to a PO Box.

Signature of plan participant or recipient (required):

I wish to have my Required Minimum Distribution from the Plan as soon as possible. I understand that ONLY the calculated Required Minimum Distribution will be distributed as part of this request and if I choose to have an additional amount distributed I will need to submit the appropriate request at www.newportgroup.com or Newport Participant Service Center at 1-888-401-5629. I understand that fees associated with my withdrawal may be deducted from my account and that I can contact Newport Group for more details on these fees. I certify that the number shown on this application is my correct Social Security Number/Taxpayer Identification Number.

X

Plan Participant/Recipient Signature

Print Name

Date