

Important information about withdrawal requests

- This form is not intended for required minimum distributions, trustee to trustee transfers, recharacterizations, or conversion requests.
- Withdrawals to a bank account or address on file for less than 15 days require a Medallion Signature Guarantee (see Section 6 for details).
- Withdrawals can also be made over the phone or online at MyCT Savings.com

Contact us:

9 am to 6 pm Eastern Time, M-F

Employer assistance:

1-833-811-7435

Employee assistance:

1-833-811-7436

Completed forms should be mailed to:

MyCTSavings
 PO Box 9896
 Providence, RI 02940-8096

Overnight address:

MyCTSavings
 4400 Computer Drive
 Westborough, MA 01581

www.MyCTSavings.com**1 Account Owner information (All fields required)**

Account Owner legal name (First and last) _____ (M.I.)

____ _ - ____ _ - ____ _
Telephone number (In case we have a question about your account.)

____ _ - ____ _ - ____ _
Account number

____ _ - ____ _ - ____ _
Birth date (mm/dd/yyyy)

____ _ - ____ _ - ____ _ **Social Security number** **OR** ____ _ - ____ _ - ____ _
Taxpayer Identification Number / EIN

If you are a Beneficiary requesting a full liquidation of the inherited proceeds, please complete the following:

Beneficiary name (First and last) _____ **Beneficiary birth date** (mm/dd/yyyy)

____ _ - ____ _ - ____ _ **Social Security number** **OR** ____ _ - ____ _ - ____ _
Taxpayer Identification Number / EIN

____ _ - ____ _ - ____ _
Telephone number

Note: For trustee to trustee transfers, please contact customer support to complete a custodian's trustee to trustee transfer form. This form is not intended to facilitate a beneficiary/inherited IRA transfer due to death. For revocations, refer to the Roth Individual Retirement Account (IRA) Disclosure Statement for instructions and information regarding your revocation rights. All required documentation must be received in good order before the distribution request can be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required.

2 Reason for withdrawal (choose one)

- Qualified withdrawal from a Roth IRA*** (proceed to **Section A**)

***Note:** Withdrawals not meeting the 5-year required period and for all other reasons not listed are considered non-qualified.

- Non-qualified withdrawal from a Roth IRA** (proceed to **Section B**)

A **Qualified withdrawal** (please select a reason below)

- You are age 59½ or older.
- Death/Beneficiary liquidation – **The Date of Death of the Owner of the account is required**, contact Shareholder Services regarding additional document requirements.

___ ___ - ___ ___ - ___ ___ ___ ___

Date of death (mm/dd/yyyy)

- Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.**

****Note:** For purposes of section 72(m)(7), an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

B **Non-qualified withdrawal** (please select a reason below)

- Normal withdrawal (prior to the 5-year holding requirement) - You are age 59½ or older.
- Early (premature) withdrawal - You are under age 59½, including withdrawals due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reasons.
- Death/Beneficiary liquidation - **The Date of Death of the Owner of the account is required**, contact Shareholder Services regarding additional document requirements.

___ ___ - ___ ___ - ___ ___ ___ ___

Date of death (mm/dd/yyyy)

- Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.**
- Transfer incident due to divorce or legal separation - contact Shareholder Services regarding additional document requirements.
- Qualified Reservist Withdrawal
- Qualified Hurricane Withdrawal
- Qualified Birth or Adoption Withdrawal as defined in section 72(t)(2) of the Internal Revenue Code

Contact our customer service team for information if you wish to request substantially equal periodic payments within the meaning of section 72(t) of the internal Revenue Code.

3 Withdrawal amount

A Choose one:

- One-time partial withdrawal in the amount of: \$ __, __ __ __, __ __ __ . __ __
- Periodic withdrawals in the amount of: \$ __, __ __ __, __ __ __ . __ __
 - Monthly
 - Quarterly
 - Annual
 - Semi-Annual
- Liquidate entire account (Select and continue to Step 4)

B Choose one:

- Withdraw proportionately across all funds
- Withdraw as indicated below:

Fund	Code
\$ __, __ __ __, __ __ __ . __ __	(or) __ __ __ %
Amount	Percentage
Fund	Code
\$ __, __ __ __, __ __ __ . __ __	(or) __ __ __ %
Amount	Percentage
Fund	Code
\$ __, __ __ __, __ __ __ . __ __	(or) __ __ __ %
Amount	Percentage
Total Amount	Total Percentage
\$ __, __ __ __, __ __ __ . __ __	1 0 0 %

Restriction on indirect (60-day) rollovers

An IRA participant is allowed only one rollover from one IRA to another (or the same IRA) across all IRAs (Traditional, Rollover, Roth, SEP, SARSEP and SIMPLE) in aggregate that a taxpayer owns in any 12-month or 365-day period. As an alternative, a participant can make an unlimited number of trustee-to-trustee transfers where the proceeds are delivered directly to the receiving financial institution, successor custodian or trustee. You must contact the receiving institution to initiate a trustee-to-trustee transfer. For more information please visit the Internal Revenue Service's web site www.irs.gov using the search term "IRA One-Rollover-Per-Year Rule".

4 Mailing or transfer instructions (choose one)

- Mail to my address of record**
- Mail check to my bank for deposit into my account***

The first and last name on the bank account needs to be the same as either the Account Owner or Beneficiary. Voided check required - please attach to this form.

Name of institution

Bank mailing address

City

State

ZIP code

Bank account owner name (First and last)

Account number

Routing number

- Transfer funds electronically via ACH***

The first and last name on the bank account needs to be the same as either the Account Owner or Beneficiary. Voided check required - please attach to this form.

Name of institution




Bank account owner name (First and last)

Account number

Routing number

Need help?

You can find your bank information on the bottom of one of your checks here:

 0000000000		000000000000		1000
Routing Number		Account Number		

Note: *Withdrawals to a bank account or address on file for less than 15 days require an MSG (see Section 6 for details).

5 Tax withholding election

A Federal withholding

Federal income tax will be withheld at the rate of 10% from any distribution, subject to the IRS withholding rules, unless you elect or have previously elected out of withholding. Tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you are completing this form, your below election will remain in effect until such time as you make a different election in writing to the Custodian.

Please select one of the following:

- Do not withhold federal income tax** (This option is only available for accounts registered with an address in the United States.)
- Withhold** 1 0 % **federal income tax**
- Withhold** % **federal income tax** (Must be 10% or greater)

B State withholding

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements.

Please select one of the following:

- I elect **NOT TO** have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory state tax withholding).
- I elect **TO** have the following percentage withheld from my retirement account distribution for state income taxes (for residents of states that allow voluntary state tax withholding).

 %

Percentage

6 Account Owner authorization

I certify that I am the individual authorized to make these elections and that all information provided is true and accurate, and that I have read and understand, consent, and agree to all the terms and conditions of the Program Description. I further certify that the Custodian, MyCT Savings, or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, MyCT Savings, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

Substitute W-9 - Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number, and**
- 2. I am not subject to backup withholding because:**
 - a. I am exempt from backup withholding; or**
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or**
 - c. The IRS has notified me that I am no longer subject to backup withholding; and**
- 3. I am a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions found at www.irs.gov).**
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

Cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Account Owner's signature*

____ - ____ - ____
Date (mm/dd/yyyy)

*Beneficiary's signature for inheritance liquidations.

Medallion Signature Guarantee

When a Medallion Signature Guarantee is required, only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee. Generally the program requires an MSG on this form for the following reasons:

- You are a beneficiary requesting a full liquidation of the inherited proceeds that are currently in the deceased owner's Roth IRA.
- You are an account owner, (including the owner of an Inherited Beneficiary IRA) and you are requesting a withdrawal to a bank account or address on record that has not been on your account for 15 days.

An eligible guarantor is a Medallion Signature Guarantee Stamp domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

Have the Authorized Officer stamp here

Appendix – MyCT Savings Program Portfolio Options

For descriptions and details about all of these portfolio options, please go online to www.MyCTSavings.com or see the **Program Description** for important information including descriptions, details, and risks about the investment options before making a decision.

Target Retirement Date Funds

Code	Portfolio Name
CST20	Target Retirement 2020
CST25	Target Retirement 2025
CST30	Target Retirement 2030
CST35	Target Retirement 2035
CST40	Target Retirement 2040
CST45	Target Retirement 2045
CST50	Target Retirement 2050
CST55	Target Retirement 2055
CST60	Target Retirement 2060
CST65	Target Retirement 2065
CST70	Target Retirement 2070
CSTRF	Target Retirement

Strategic Allocation Portfolios

Code	Portfolio Name
CSCPF	Cash Preservation Portfolio
CSINF	Income Portfolio
CSIGF	Income and Growth Portfolio
CSBAF	Balanced Portfolio
CSCGF	Conservative Growth Portfolio
CSMGF	Moderate Growth Portfolio
CSGRF	Growth Portfolio

MyCTSavings' Portfolios offer investment options selected by the Connecticut Retirement Security Authority. Please review the Program Description to learn about the important details and risks of each investment option. Account balances in MyCTSavings will vary with market conditions and are not guaranteed or insured by the Connecticut Retirement Security Authority, the State of Connecticut, the Federal Deposit Insurance Corporation (FDIC) or any other organization. Past performance is no guarantee of future results. Please consult professional financial advisors before making any tax, legal, financial planning or investment decisions.