

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Funds for distribution will be withdrawn based on the plan's distribution withdrawal hierarchy.

Rollover Source Withdrawal 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

Age 59 ½ Withdrawal* AMOUNT \$ _____
 Withdrawal of funds for participants that have attained age 59 ½

*** Please check with your employer or Third Party Administrator to ensure that 59 ½ withdrawals are allowed in your plan.**

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Funds for distribution will be withdrawn based on the plan's distribution withdrawal hierarchy.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

- Required Minimum Distribution**
Generally, the Required Beginning Date for a RMD is April 1st following the later of the calendar year in which you: (1) attain age 73, or (2) retire from the plan sponsor/employer. If the first RMD is delayed to April 1st following the attainment of age 73, then the second RMD must be made by December 31st of that same calendar year and annually thereafter. Special rules apply to 5% owners. This amount is not eligible for rollover.

- Rollover Source Distribution** AMOUNT \$ _____
Distribution of non-Roth funds that were rolled into your account from a previous employer's plan

- Roth Distribution** AMOUNT \$ _____
Distribution of Roth funds

ROLLOVER OPTIONS

You must complete either the section entitled *Distribution Choices for Currently Employed Participants*, or, the section entitled *Distribution Choices for Participants Separated From Service*, in addition to this *Rollover Options* section.

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)**

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

- Rollover to a Roth IRA**

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. For recurring payments, your withholding election will remain in effect until it is changed or revoked. You may change or revoke your election at any time prior to a payment being made by submitting IRS form W4, W-4P, W-4R, as appropriate. U.S. persons having their payment delivered outside the U.S. or its possessions may not make an election of NO withholding or choose withholding that is less than the default. In this case, if you choose no withholding or withholding that is less than the default, the default rate will be applied. Non-resident aliens are subject to a mandatory 30% withholding rate unless they are eligible for a reduced rate or exemption under a tax treaty and the required documentation is submitted.

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 choose not to have income tax withheld from eligible rollover distributions. You may elect withholding in excess of the mandatory 20% rate as a total percentage (no decimals), for example 25%. Dollar amounts are not allowed. You may also submit IRS Form W-4R to make this election. To obtain Form W-4R please go to the www.IRS.gov website or call 800-829-3676. Form W-4R also contains Marginal Rate Tables that can be used as a guide to determine how much to have withheld from your payment.

Non-periodic payments - 10% withholding: Non-periodic, non-rollover eligible payments from pensions, annuities, IRAs and life insurance contracts 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, hardship withdrawals, and distributions from IRAs that are payable on demand. You can choose not to have withholding applied to your non-periodic distribution by checking the applicable box below. You may also elect withholding in excess of the flat 10% rate as a total percentage (no decimals), for example 15%. Dollar amounts are not allowed. You may also submit IRS Form W-4R to make this election. Alternatively, you may request withholding that is less than 10% and more than 0% by submitting IRS Form W-4R with this withdrawal form. To obtain Form W-4R, please go to the www.IRS.gov website or call 800-829-3676. Form W-4R also contains Marginal Rate Tables that can be used as a guide to determine how much to have withheld from your payment.

FEDERAL WITHHOLDING INSTRUCTIONS (If you do not check any of the boxes below or provide a Form W-4R, then we will withhold based on the IRS default.)

- DO NOT** withhold any federal income tax unless mandated by law.
- (For non-periodic payments only) DO** withhold federal taxes at the default percentage or at the following percentage (no decimals) that is greater than the default percentage _____.0%.

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 WITHDRAWAL?

Once the withdrawal is processed, the funds will be available within 2 - 3 business days for distribution.

- 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 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
- 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.

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)** _____