

Section A. Employer Information

Company/Employer Name

Contract/Account No. Affiliate No.

Section B. Personal Information

Social Security No. Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Last Name

Mailing Address

City State Zip Code

Phone No. Ext.

Email Address

Section C. Minimum Distribution Information

Note: For additional amounts, please complete a Distribution Request form (if plan allows partial distributions). Contact Transamerica for further information.

- Life expectancy calculation based on my account balance as of 12/31 of the year prior to the distribution calendar year and the IRS uniform table.
- Lowest possible minimum distribution, based on the applicable IRS table. My spouse is my sole primary beneficiary and is more than 10 years younger than me.
- Spouse Date of Birth (MM-DD-YYYY) (proof of spouse's age required)

Payment frequency: Monthly Quarterly Semi-Annual Annual Month to Begin Payments: _____

Section D. Payment Options

- Direct Deposit to my bank account. *Note: This option will result in the fastest delivery of funds. It is an electronic transfer of funds directly into your bank account, generally within two business days of the withdrawal from your account, at no cost to you. A completed Payment Options form (attached) is required.*
- Check. *Note: Please note that if you request a check as the method of payment and you do not receive it, our policy is to wait 10 business days from the check issue date before placing a stop payment at the bank. Also be aware of any rules and/or restrictions your bank may have on placing holds on deposits.*

Note: The direct deposit option may not be available due to plan provisions. If the direct deposit option is marked but is not allowed by the plan, if one of the above payment options is not selected, or if a completed Payment Options form does not accompany this form, your distribution will be processed in the form of a check. Please contact us for further information regarding the options available on your plan.

Section E. Tax Withholding

Federal Income Tax Withholding - 10% withholding applies unless you elect otherwise.

- Withhold federal income tax in a percentage other than 10%: _____%
- Do not withhold federal income tax

State Income Tax Withholding - Withholding is mandatory in some states. Other states allow an independent election and in these states, state tax will be withheld unless you elect otherwise. If your state requires a greater withholding percentage than what you have indicated, the mandatory state tax will apply. If your state does not allow withholding, no state tax can be withheld. Please contact us to confirm if your state has a mandatory state tax.

- Do not withhold state income tax (if independent election is permitted)
- Withhold state income tax: _____%

Section F. Participant Signature

Please note: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim from a group annuity contract issued in New York, containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation. States other than New York also have insurance fraud statutes, which impose penalties for any violation thereof.

I certify that the information provided on this form is correct and complete.

X _____
Participant Signature

X _____
Date

X _____
Print Name

X _____
Social Security Number

Section G. Spousal Consent (if applicable)

I consent to my spouse's waiver of joint and survivorship benefits with respect to the amount to be withdrawn from the plan. I understand that this consent means that I will not receive any survivor benefits under this plan upon my spouse's death with respect to this amount. I understand that I do not have to consent to the waiver of this qualified joint and survivor annuity coverage, however, if I do consent by signing below, I may not revoke my consent.

Notice regarding faxed Notarized Documents for Married Participants: Transamerica will accept faxed documents for gross distribution requests of less than \$50,000, provided that where spousal consent is also required, the spouse's signature must be duly witnessed by a notary using his/her notarial stamp. (A "gross distribution" is the amount of the requested withdrawal prior to deduction of any tax withholding.)

For gross distribution requests: (a) of \$50,000 or more or (b) involving notarized spousal consents that do not show the notary's stamp - either because the notary's state/district does not permit use of a notarial stamp (e.g., Alabama, Washington, DC) or for any other reason permissible by the notary's state - original documents must be mailed, not faxed.

X _____
Spouse Signature

X _____
Date

WITNESSED

X _____
Plan Administrator or Notary Public Signature and Stamp/Seal

X _____
Date

Section H. Plan Administrator Signature

I certify that this transaction is permissible under the provisions of the plan and complies with current regulations, and that the information provided on this form is correct and complete.

X

Plan Administrator Signature

X

Date

If you have questions regarding the completion of this form, please call us at 1-866-849-3506.

Return your completed form(s) to:

Transamerica
4333 Edgewood Road NE
Mail Drop 0001
Cedar Rapids, IA 52499

Or, you may fax your completed form to 866-592-4540.