TEXA$AVER℠
401(k) / 457 Program

Automated Minimum Distribution Request
Governmental 457(b) Plan

Refer to the Minimum Distribution Information and Instructions for assistance in completing this form.

Use blue or black ink only.

Texa$aver 457 Plan **98960-02**

Participant Information

Last Name | First Name | MI

Social Security Number

Account Extension (if applicable)

( ) Home Phone ( ) Work Phone

Have you severed employment from the employer providing this Plan?
❑ Yes Date _____ ❑ No

❑ Married ❑ Unmarried

Mo Day Year
Date of Birth

Select One (Required):
❑ U.S. Citizen ❑ U.S. Resident Alien
❑ Non-Resident Alien or Other _____
Country of Residence *(Required - See Information and Instructions for IRS Form W-8BEN information.)*

A distribution made payable to you will be mailed to your address on file unless otherwise requested in the Address Change section below. You may confirm the address on file by accessing your account online at www.texasaver.com. If you have recently changed your address or have any questions regarding the address on file, please contact our Client Service Department at 1-800-634-5091. **If you require an address change that is submitted the same day this request is submitted, you must have your signature notarized in the section below.**

Spousal Information - Complete **only** if: 1) your spouse is your sole beneficiary, **and** 2) your spouse is more than 10 years younger than you, **and** 3) you are choosing to use a joint and survivor calculation. You must attach a copy of your spouse's birth certificate or a copy of your spouse's driver's license.

Name of Spouse | Spouse's Date of Birth (Month/Day/Year)

Please check only one box:

❑ **Check this box if you have funds in a Roth money source and you wish to deplete your Roth funds first.**

❑ **Check this box if you have funds in a Roth money source and you wish to deplete your Non-Roth funds first.**

Payment Start Date: _____
(Month/Day/Year)

Unless the Plan has directed otherwise, the withdrawal will be prorated across all available money sources and investment options, which will not include Self-Directed Brokerage (SDB) accounts.

Frequency (check one): ❑ Monthly ❑ Quarterly ❑ Semi-Annually ❑ Annually

❑ Check this box if you are currently receiving periodic payments and you would like to continue to receive these amounts.

❑ Check this box if you turned 70 1/2 or retired from this employer in the previous calendar year and are required to take two minimum distributions this calendar year. The required minimum distribution for the previous calendar year will be sent in a lump sum. The automated election on this form will apply to the current year and future required payments.

By completing this form, your required minimum distribution will be recalculated annually by dividing your prior year's December 31st account balance by the life expectancy factor provided in the life expectancy tables contained in the applicable treasury regulations, using your age in the year of the distribution.

See the General Information section below for more information.

Last Name	First Name	M.I.	Social Security Number	98960-02 Number

Loan Instructions

Please check the appropriate box:

❑ Attached is a payment to pay off my loan. Consider submitting payment by certified check or money order. For a payoff amount, please call the Voice Response System at 1-800-634-5091. Make payment payable to State of Texas DCP 457 GV.

If you are attaching a loan payoff check, please mail your loan payoff and this distribution form to the following address once you have obtained all required signatures and date:

State of Texas DCP 457 GV
PO Box 912223
Denver, CO 80291-2223

Express delivery mail address - request a.m. delivery:

Wells Fargo Bank, N.A.
1700 Lincoln St Lower Level 3
Lockbox # 2223
Denver, CO 80274

❑ Treat my outstanding loan (principal and interest) as a taxable distribution at this time.

Address Change

I understand that a check made payable to me requested on this form will be mailed to my new primary address I provided on this form.

For Active Employees Only - I understand that it is my responsibility to update my address with my employer in addition to changing my primary address on this form. Failure to do so will/may result in my address being incorrect on Service Provider's records. A current address is essential for correspondence and tax purposes.

If you request an address change that is submitted the same day this request is submitted, you must have your signature notarized in the 'Required Signature(s) and Consent' section of this form. If the address information above is incomplete or illegible or if your signature is not notarized, a check will be mailed to the address of record.

Address - Number & Street	City	State	Zip Code

❑ **Direct Deposit via Automated Clearing House ("ACH")**

- **If you would like to have your proceeds sent through Direct Deposit via ACH, in addition to including the required documentation requested below, you must have your signature notarized in the 'Required Signature(s) and Consent' section of this form. If either the required documentation is not attached or your signature is not notarized, your proceeds will not be sent via ACH and a check will be mailed to the address of record.**
- Estimated delivery time is 2-3 business days.
- Available on periodic payments at no charge.
- If you have requested a periodic payment and the payment start date does not allow for the 10 day pre-notification process, your first payment will be sent by check to your address on file.
- The name on the checking/savings account MUST match the name on file with Service Provider.
- **If the Direct Deposit information is incomplete or illegible, then a check will be mailed to the address of record to avoid any delays in processing.**

❑ Checking Account - ***MUST*** **include a copy of a preprinted voided check** for the receiving account. You may also attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which includes your name, checking account number and ABA routing number.

❑ Savings Account - ***MUST*** **include a letter on financial institution letterhead, signed by a representative** from the receiving institution, which includes your name, savings account number and ABA routing number.

An ACH request **cannot** be sent to a prepaid debit card, business account or other retirement Plan. By requesting your withdrawal via ACH deposit, you certify, represent and warrant that the account requested for an ACH deposit is established at a financial institution or a branch of a financial institution located within the United States and there are no standing orders to forward any portion of the ACH deposit to an account that exists at a financial institution or a branch of a financial institution in another country. You understand that it is your obligation to request a stop to this ACH deposit request if an order to transfer any portion of payments to a financial institution or a branch of a financial institution outside the United States will be implemented in the future. Service Provider reserves the right to reject the ACH request and deliver any payment via check in lieu of direct deposit.

Federal and State Income Tax Withholding - Applies to all applicable money sources.

Federal Income Tax - Elect one of the following:

- ❑ Do NOT withhold federal income tax.
- ❑ Withhold federal income tax based on the following:

  Marital Status: ❑ Single ❑ Married ❑ Married, but withhold at higher single rate

  Number of allowances claimed _____

  If you would like **additional** federal income tax withheld, indicate amount $_____ or _____% of the distribution amount. (You cannot enter the amount here without entering the number (including zero) of allowances above)

Note: If you do not make an election above, federal income tax will be withheld from the taxable portion of your distribution as though you are married claiming three withholding allowances.

State Income Tax

You should refer to information from the Department of Revenue for your state of residence. If applicable, **you must attach your State Income Tax withholding form to make tax elections when required.** In the event the withholding form is required for your withdrawal and not submitted, Service Provider will withhold in accordance with applicable State regulations.

State Income Tax withholding is mandatory in some states and will be withheld regardless of any election below. Indicate if you would like **additional** State Income Tax withholding:

$_____ or _____%

(This is in addition to any mandatory State Income Tax withheld based on the reason and type of withdrawal.)

Certain states allow an election for no State Income Tax withholding depending on the reason and type of withdrawal selected. For these states only, State Income Tax will be withheld unless you elect otherwise below.

If the checkbox is not marked below, you choose to have State Income Tax withheld from your withdrawal. Indicate if you also would like to have **additional** State Income Tax withholding:

$_____ or _____%

(This is in addition to any elective State Income Tax withheld based on the reason and type of withdrawal.)

- ❑ Do not withhold State Income Tax (if election is permitted and you have attached the proper election form if required by your state).

Certain states do not require mandatory State Income Tax withholding but allow to elect State Income Tax withholding depending on the reason and type of withdrawal selected.

- ❑ Check the box, if you would like State Income Tax withheld – **Optional** State Income Tax withholding:

$_____ or _____%

(If this optional income tax election is permitted. You have also attached proper income tax election form if required by your state to elect this optional withholding.)

Signature(s) and Consent

Participant Consent

Any person who knowingly presents a false or fraudulent claim is subject to criminal and civil penalties.

You must attach a copy of a birth certificate or driver's license, if applicable.

My signature acknowledges that I have read, understand and agree to all pages of this Automated Minimum Distribution Request form, including the entire Minimum Distribution Information and Instructions section. I affirm that all information I have provided is true and correct. Any election on this withdrawal form is made voluntarily and is effective for 180 days. I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Last Name	First Name	M.I.	Social Security Number	98960-02 Number

Under penalty of perjury, I certify that the Social Security Number (or Taxpayer Identification Number) shown on Page 1 is correct. I am a U.S. person if I marked the U.S. citizen or U.S. resident alien box on Page 1.

Additional authentication may be necessary before my distribution is processed and/or payment released.

My distribution may be subject to fees and/or loss of interest based upon my investment options, my length of time in the Plan and other possible considerations. If I have not been advised of the fees and risks associated with my distribution, I may contact Service Provider for a distribution quote at 1-800-634-5091.

Participant Signature _____ **Date (*Required*)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant Signature Notarization only required if requesting:

Direct Deposit via ACH

Address Change

For Residents of all states (except California), please have your notary complete the section below.
Notice to California Notaries using the California Affidavit and Jurat Form the following items must be completed by the notary on the state notary form: the title of the form, the plan name, the plan number, the document date, and the participant's name. The notary forms not containing this information will be rejected and it will delay this request.

The date you sign this form above must match the date on which your signature is notarized.

Statement of Notary **NOTE: Notary seal must be visible.**

State of _____)
) ss.
County of _____)

The consent to this request was subscribed and sworn *(or affirmed)* to before me on this _____ day of _____, year _____, by ***(name of participant)*** _____ proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents his/her free and voluntary act.

SEAL

Notary Public _____ My commission expires ____/____/_____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant forward to Service Provider at:
Empower Retirement
PO Box 173764
Denver, CO 80217-3764
Express Address:
8515 E. Orchard Road, Greenwood Village, CO 80111
Phone #: 1-800-634-5091
Fax #: 1-866-345-3050

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MINIMUM DISTRIBUTION INFORMATION AND INSTRUCTIONS

I. GENERAL INFORMATION

These instructions are designed to provide general information about the minimum distribution requirements applicable to Governmental 457(b) plans under the Internal Revenue Code (the "Code"). If you want your minimum distribution amount to be calculated automatically and distributed to you each year, complete the attached Automated Minimum Distribution Request form. You will automatically receive periodic payments calculated by dividing your prior year's December 31st account balance by the life expectancy factor provided in the life expectancy tables contained in the applicable Treasury regulations, using your age in the year of the distribution. You only have to complete the attached form once.

You may choose to make the calculations yourself or with the advice of your legal or tax advisor. See below for more information.

Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at:
http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.

WHAT ARE THE MINIMUM DISTRIBUTION REQUIREMENTS?

In general, the rules for participants are as follows:

- You are required to begin taking minimum distributions by your required beginning date. Your required beginning date is April 1 of the calendar year following the later of: (1) the calendar year in which you reach age 70 1/2 or (2) the calendar year in which you retire from the employer sponsoring your Plan, unless the Plan specifies otherwise.
- If you were born between January 1 and June 30, you reach age 70 1/2 in the same calendar year as your 70th birthday. If you were born between July 1 and December 31, you reach age 70 1/2 in the next calendar year, and your required beginning date is April 1 of the following calendar year.
- If you elect to defer your first distribution to April 1 of the calendar year following the calendar year in which you turn age 70 1/2 or retire, you will be required to take two payments that year: one by April 1 following the year in which you turned age 70 1/2 or retired and one by December 31 of that same year. You must take a minimum distribution by December 31 of every calendar year thereafter.
- If you are participating in more than one type of retirement plan (i.e., 401(a), 403(b), IRA), your minimum distribution must be calculated and taken separately from each plan.

To choose an amount in addition to your required minimum amount, you must complete a Distribution/Direct Rollover Request form. To obtain the form for your Plan, contact your Representative.

If you request an amount in addition to your minimum distribution amount, you will receive two different payments. One payment will be your required minimum distribution. The other payment will be the additional amount you request.

CALCULATING YOUR OWN MINIMUM DISTRIBUTION

You may choose to make the calculations yourself or with the advice of your legal or tax advisor. If you choose to calculate your own minimum distribution, you must make the calculation each year and must submit a Distribution/Direct Rollover Request form each year. No payments will be sent to you automatically and you will not receive an annual reminder. You may request one or more partial withdrawals from your account each year, but each request must be on a separate form. If you fail to request a withdrawal for any year, or if you withdraw less than your required minimum amount in any year, a 50% federal excise tax is imposed by the IRS on the amount you should have taken but did not. This is in addition to ordinary income tax. For example, if your required minimum distribution amount is $2,000.00 and you only took a distribution equal to $1,000.00, the excise tax would equal $500.00.

IF YOU CALCULATE YOUR OWN MINIMUM DISTRIBUTION, YOU ARE SOLELY RESPONSIBLE FOR THE ACCURACY OF YOUR CALCULATION.

II. INSTRUCTIONS FOR COMPLETING THIS FORM

If you currently receive periodic payments that meet or exceed the minimum distribution requirements, do not complete this form.

If any section of this form is incomplete or inaccurate, you may be required to complete a new form or provide additional information before the distribution can be processed.

If you need to cross out a previously elected choice(s), you MUST initial the change to validate the change or the request may be returned for verification.

Note: Service Provider will calculate your minimum distribution ONLY on the assets that Service Provider administers.

Participant Information - Please provide the information requested. Account extension identifies funds that were transferred to you through a divorce or death. If you have been assigned an account extension but left this field blank on Page 1, we will distribute from extension 001.

Spousal Information - Complete this section **only** if: 1) your spouse is your sole beneficiary, **and** 2) your spouse is more than 10 years younger than you, **and** 3) you are choosing to use a joint and survivor calculation. Provide the information requested regarding your spouse. A copy of your spouse's birth certificate or a copy of your spouse's driver's license must accompany this form.

Money Source - If you have a designated Roth account with this Plan, please select one of the boxes to indicate which money source (Roth or Non-Roth) you would like us to deplete first. Once the selected money source is depleted, we will automatically debit the remaining money sources.

Payment Start Date - You may **not** elect the 29th, 30th or 31st as your payment start date. If you select the 29th, 30th or 31st, your payment will start on the 28th of the month. If no date is specified, Service Provider will set up the payments using the date received.

This request **must** be received at the address listed in the Signature(s) section at least **30 days before** the payment start date for all payment options. The payment start date is the date the funds will be disbursed from your account. Please allow several days after your payment start date for delivery of your check.

Indicate the frequency of your payments. If you do not elect a frequency, the default frequency will be annual.

If the box regarding periodic payments is not checked, payments under your current periodic payments (if any) will stop and you will only receive the minimum distribution elected on this form.

Loan Instructions - If you have an outstanding loan on your account, you must either pay off the outstanding loan balance, or you may treat your outstanding loan (principal and interest) as a taxable distribution at the time you submit your Automated Minimum Distribution Request form. Check the appropriate box on the Automated Minimum Distribution Request form.

Investment Options - Your distribution will be disbursed proportionately from all available core investment options unless you specify otherwise. To specify the core investment options from which you would like your required minimum distribution to be processed, attach a separate sheet of paper listing the funds from which you would like to have your distribution taken. You must also specify the percentage of the distribution that you would like to be processed from each fund.

If you have a Self-Directed Brokerage ("SDB") account, it is your responsibility to contact the provider to transfer the funds to be distributed to the core (non-self-directed brokerage) investments before we can process your payments. The funds to be distributed must be an amount in excess of the "core minimum." The core minimum is the amount of funds (required by your Plan) that must be maintained in your core funds at all times.

If sufficient funds have not been transferred from your SDB account into core investments prior to Service Provider's receipt of this request or at any time during your payment schedule, your SDB account will be permanently closed and your entire balance will be transferred into the core funds.

Automated Clearing House (ACH) - ACH is a form of electronic funds transfer by which Service Provider can transfer your payments directly to your financial institution. Allow at least 15 days from the date Service Provider receives this properly completed form to begin using ACH for your payments. Upon receipt of this properly completed form, Service Provider will notify your financial institution of your ACH request with the account information you have provided. The pre-notification process takes approximately 10 days. During the pre-notification process, your financial institution will confirm with Service Provider that the account and routing information you submitted is correct and that it will accept the ACH transfer. After this confirmation is received, your payments will be transferred to your financial institution within 2 days of the first payment date. If your payment start date does not allow for the 10 day pre-notification process, your first payment will be sent by check to your address of record. If your payments are withdrawn from investments that are subject to time delays upon withdrawal, the deposit to your financial institution may be delayed accordingly. In the event of a change to your minimum distribution, your electronic funds transfer may be subject to a delay, and a check will be sent to your last known address on file with Service Provider.

If your financial institution rejects the pre-notification, you will be notified and your checks will be mailed to you until you submit an Electronic Fund Transfers (ACH) form. As a result, it is important that you continue to notify Service Provider in writing of any changes to your mailing address.

By choosing an ACH credit to your financial institution account, you are authorizing Service Provider to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to your checking or savings account. You are also authorizing your financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account. Service Provider will make payments in accordance with the directions you have specified on this form until such time that you notify Service Provider in writing that you wish to cancel the ACH agreement. You must

provide notice of cancellation at least 30 days prior to a payment date for the cancellation to be effective with respect to all of your subsequent payments.

Service Provider reserves the right to terminate the ACH transfers for any reason and will notify you in the event of such termination by sending notice to your last known address on file with Service Provider.

It is your obligation to notify Service Provider of any address or other changes affecting your electronic fund transfers during your lifetime. You are solely responsible for any consequences and/or liabilities that may arise out of your failure to provide such notification.

By electing ACH, you acknowledge that Service Provider is not liable for payments made by Service Provider in accordance with this properly completed form. You authorize and direct your financial institution not to hold any overpayments made by Service Provider on your behalf, or on behalf of your estate or any current or future joint accountholder, if applicable.

ACH delivery is not available to a foreign financial institution or to a United States financial institution for subsequent transfer to a foreign financial institution. Any requests received containing foreign financial institution instructions will be rejected and require new ACH delivery instructions.

Income Tax Withholding - The taxable portion of the distribution you receive is subject to federal income tax withholding unless you elect not to have federal income tax withholding apply by checking the appropriate box.

If you elect not to have federal income tax withholding apply to your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for the payment of estimated tax. You may incur penalties under the estimated tax rules if your income tax withholding and estimated tax payments are not sufficient. You may revoke your election by written notification to Service Provider at the address provided in the Signature(s) section.

If you do not check the box "Do NOT withhold federal income tax," federal income tax will be withheld from the taxable portion of your distribution as though you are married claiming three income tax withholding allowances.

If you live in a state that mandates state income tax withholding, it will be withheld. If you wish to have additional state income tax withheld or live in a state that does not mandate state income tax withholding, you may elect to have an additional amount withheld. Check the appropriate box on this form. If you made such an election, we will withhold state income tax based on a default rate provided by the state of your residence. It remains your responsibility to ensure that state income tax withholding is sufficient to cover your state income tax liability.

For more information and applicable forms or documentation that may be required for the state of residence, refer to the appropriate state tax authority.

If you are a U.S. citizen or U.S. resident alien and your payment is to be delivered outside the U.S. or its possessions, you may not elect out of federal income tax withholding.

If you are a non-resident alien, you must attach, to each distribution request, a current version of the IRS Form W-8BEN with an original signature and this must be sent by mail or express delivery. Service Provider cannot accept a fax of this form. In general, the income withholding rate applicable to your payment is 30% unless a reduced rate applies because your country of residence has entered into a tax treaty with the U.S. and the treaty provides for a reduced income withholding rate or an exemption from income tax withholding. In order to claim a treaty rate, you must complete the appropriate fields and provide a U.S. Taxpayer Identification Number on Form W-8BEN. To obtain a current version of the IRS Form W-8BEN, call 1-800-TAX-FORM (829-3676) or visit http://www.irs.gov.

Contact your tax professional for more information.

Participant Consent - Your signature and date are required for this distribution.

Handwritten signatures are required on this form. Electronic signatures will not be accepted and will result in a significant delay.

Important Note: These instructions do not represent investment, tax, or legal advice. Your distribution will be based upon the information you provide on the applicable form and your account balance. It is your responsibility to initiate minimum distribution payments by your required beginning date and to ensure you receive payments meeting the minimum distribution requirements each year.

You should consult with an attorney or tax advisor who can answer any questions regarding the minimum distribution requirements.