

Please review the accompanying "Special Tax Notice". Then, complete the "Death Distribution Request Form" based on the instructions provided below:

Death Distribution(s) Information

- If the Participant dies on or before the April 1st following the year in which he/she attains age 70 ½ (the "Required Beginning Date"), before required minimum distributions have commenced, all assets remaining in the Participant's account must be distributed by the end of the fifth year following the Participant's death unless (i) the beneficiary is a natural person or qualifying trust designated by the Participant (a Designated Beneficiary) and required minimum distributions are taken beginning in the year following the year of the Participant's death (in which case, distributions must be made over the Designated Beneficiary's life expectancy), or (ii) the Participant has designated the Participant's spouse as beneficiary (in which case, distributions must be made over the spouse's life expectancy beginning no later than December 31 of the year in which the Participant would have attained age 70½).
- If the Participant dies after the Required Beginning Date the account will be distributed (i) if the Participant named a Designated Beneficiary, over the longer of the Participant's remaining life expectancy at death or the Designated Beneficiary's life expectancy, (ii) if the Participant named the Participant's spouse as the Designated Beneficiary, over the longer of the Participant's remaining life expectancy at death or spouse's life expectancy, (iii) if the Participant did not name a Designated Beneficiary, over the Participant's remaining life expectancy at death.
- If there are multiple Beneficiaries, each Beneficiary may make elections relative to his or her share of the account if separate accounts for each Beneficiary are established by December 31 of the year following the year of the Participant's death. Otherwise, distribution generally will be based on the life expectancy of the oldest Beneficiary. Additional rules may apply. For more information on these rules, please see IRS Publication 590 or call Pentegra Trust Company, c/o ASPire Financial Services at 866.634.5873.

Additional Documentation Requirements and Instructions:

- A certified death certificate must be provided*.
- Letters Testamentary or a certified copy of the small estate affidavit must be provided if no Beneficiary was designated by the Participant, and
 - a.) the Participant's surviving spouse will be the Beneficiary, OR
 - b.) the Participant was unmarried at the time of his or her death, and the Participant's estate is the Beneficiary.
- Each Beneficiary must submit a completed Death Distribution Form.
- The Death Distribution Form must be signature guaranteed in Step 7.
- If a Beneficiary is requesting an immediate distribution of his or her entire interest in the account, he or she must submit a completed IRS Form W-9.
- If a Beneficiary is electing to maintain the account and distribute his or her interest over five years or over life expectancy, the Beneficiary must contact Pentegra Trust Company to obtain the appropriate account application.

We recommend that you speak with a tax or financial advisor regarding the consequences of this distribution.

Please review the above before you submit your distribution request form.

Mail the completed death distribution request form to:

Pentegra Trust Company
c/o ASPire
ATTN: Distributions
4010 Boy Scout Blvd, Suite 450
Tampa, FL 33607

For Client Services, please contact 866.634.5873.

Thank you,

Pentegra Trust Company

Account Number

STEP 1 Deceased Participant Information

Deceased Participant Name (Last, First, MI) Social Security Number

Place of Death (City and State) Date of Death (month/day/year)

Employer Name / Plan Name

STEP 2 Beneficiary Information

First Name Last Name M.I.

Address (Street Address only. P.O. Box not accepted) Apartment/Suite

City State Zip

Daytime Phone Number Evening Phone Number Email Address *

Social Security Number Date of Birth (month/day/year) Relationship to the Deceased

* By providing your email address, you consent to receiving notifications regarding your transaction via email. If no email address is provided communications will be sent via USPS.

STEP 3 Death Distribution Instructions (Check one)

- I. Life Expectancy Method

- II. Deferment Option for five years. The deferred payments must be completed by December 31st of the calendar year that contains the fifth anniversary of the participant's date of death. **(Please also complete Step 6 below).**

- III. Annual Installments – This option is only available when payments have not commenced prior to a participant's death. (Check One)
 - A. I am the Surviving spouse of the Participant and choose annual installments for a period of _____ years (Choose from 2 – 10 years)
 - B. I am a Beneficiary Other Than Spouse and choose annual installments for a period of _____ years (Choose from 2 – 5 years)

- IV. A Lump Sum Payment. I further elect to have the distribution amount (check one):
 - A. paid directly to me
 - B. paid in the form of a Direct Rollover to an Individual Retirement Account (IRA).
 - 1) The total rollover eligible portion of the account balance.
 - 2) \$_____ (gross) or _____ % of the account balance directly rolled over and the remaining portion paid to me.

* The surviving spouse may elect to roll death benefits into his or her own IRA. A non-spouse beneficiary may elect to roll death benefits into a Non-spouse Inherited IRA.

STEP 4**Payment Options****By Check:**

NOTE: Unless the overnight mail option is selected, checks will be sent via U.S. mail.

- Send check via overnight mail. A fee of \$35 applies.
- Make check payable to the Beneficiary and mail to the Beneficiary's address of record.
- Make check payable to new custodian or plan trustee as a rollover per the attached letter of acceptance.
- Mail check to a third party address (Signature Guarantee required in Step 7).

Make check payable to:

ATTN

Address (Must be physical address if overnight delivery requested.)

City

State

Zip

To Bank: (**NOTE: Verify that all account information is correct, if funds reject due to wrong account information you will be charged any applicable reject fees.**)

- ACH Transfer to my bank account.** (Allow 3-5 business days to receive your proceeds.)

Bank Name

Name(s) on Bank Account (Participant's name must be on deposit account.)

Bank Address

City

State

Zip

Routing Number

Account Number

Account Type: Checking Savings

- Wire Transfer to my bank account.** *There is a \$35 wire fee for this option.*

Bank Name

Name(s) on Bank Account

Bank Address

City

State

Zip

Routing Number

Account Number

Account Type: Checking Savings

STEP 5 | Income Tax Withholding

All 403(b)(7) distributions are subject to 20% federal income tax withholding except for direct rollovers, asset transfers, required minimum distributions, return of excess contributions, financial hardship and some death distributions.

If 20% mandatory withholding does apply to your distribution, Pentegra Trust Company will automatically withhold this amount.

If 20% mandatory withholding does not apply to your distribution, 10% withholding will apply unless you indicate below a different percentage to withhold.

- I do not want any federal income tax withheld from my distribution.
- I want federal income tax withholding at a rate of _____ %

Withholding will only apply to the portion of your distribution that is included in your income subject to federal income tax. Thus, for example, there will be no withholding on the return of your own nondeductible contributions. If you elect not to have withholding applied to your distributions, or if you do not have enough federal income tax withheld from your distributions, 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.

Note: Distributions and withholding are taxable and may be subject to a 10% premature distribution penalty if you are under 59½ years of age unless an exception applies.

State Tax Withholding

The taxable portion of this payment may also be subject to state income tax withholding. If you do not make an election below, state income taxes will automatically be withheld if required by your state's law. **Note:** If state income taxes are not withheld, you are liable for payment of state income tax on this distribution. If your payment of estimated tax withholding is not adequate, the unpaid portion may also be subject to tax penalties under the estimated tax payment rules in certain states.

- I do not want any state income tax withheld from my distribution. (Allowed only for states with optional withholding)
- I want state income tax withholding at a rate of _____ %. (Amount cannot be less than minimum required by state for states that require withholding.)

* Check if your state requires mandatory state withholding.

STEP 6 | Complete only if you want to defer receipt of your benefit until a later date.

- I do not wish to withdraw any money from this account at this time. (Note: This option does not apply if the participant was required to receive minimum distributions at the time of the participant's death.)

I understand that in accordance with the Plan, I may make a full or partial withdrawal once a year, **except that the entire account must be withdrawn by the 5th anniversary of the participant's death** and that in order to make a withdrawal in the future, I must complete a 403(b) Death Distribution Form. I further understand that this account will remain invested in according to the last investment direction of the deceased participant until such time as I initiate a fund-to-fund transfer. For additional information on fund-to-fund transfers, contact Customer Service at 866.634.5873.

STEP 7 | Certification & Signature

I hereby affirm that the information given is true and correct, and I authorize and direct the Custodian to make distributions according to the instructions provided on this form. I certify that I have reviewed the "Special Tax Notice" within the past 180 days from the date of making this request for a withdrawal from the Plan. I further certify that the IRA that I have identified above (if any) is eligible and willing to receive my rollover distribution as evidenced by the attached certification from the Trustee of the IRA. I understand that I cannot change the payment option elected above, except that I may request a lump sum payment of my remaining balance and I may change my election with respect to deferred payment amounts at any time. I acknowledge I will not be charged a Distribution Fee if my distribution is in cash. I will be charged a Distribution Fee of \$50 per fund for Distributions In-Kind.

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DATE (MONTH / DAY / YEAR)

Signature Guarantee: To obtain a signature guarantee, the Beneficiary must sign this form and have it signature guaranteed. A notarization from a notary public does not meet signature guarantee requirements.

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DATE (MONTH / DAY / YEAR)

Please mail the completed form and all required supporting documents to:

Pentegra Trust Company
 c/o ASPire
 ATTN: Distributions
 4010 Boy Scout Blvd, Suite 450
 Tampa, FL 33607
 For Client Services, please contact 866.634.5873.