



# Disability Withdrawal Request Governmental 457(b) Plan

**Kern County Deferred Compensation Plan**

**98424-01**

## When would I use this form?

**When I am requesting a withdrawal due to my disability or making a change to an existing periodic installment payment due to disability.**  
• If my withdrawal is for any reason other than disability, I would need to complete either the In-Service Withdrawal Request, if I am still employed with the Employer/Company sponsoring this Plan, or the Separation from Employment/Retirement Withdrawal Request, if I am no longer working for the Employer/Company sponsoring this Plan.

### Additional Information

- For purposes of this form, the terminology 'Withdrawal' is the same as 'Distribution'.
- Return Instructions for this form are in Section I.
- I may confirm the address that is on file and track the status of this withdrawal request by logging into my account on the Web site at [www.kern457.com](http://www.kern457.com).
- For questions regarding this form, refer to the attached Participant Withdrawal Guide ("Guide"), visit the Web site at [www.kern457.com](http://www.kern457.com) or contact Service Provider at 1-800-701-8255.
- Use black or blue ink when completing this form.

## A What is my personal information?

(Continue to the next section after completing.)

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension \_\_\_\_\_

--	--	--	--	--	--	--	--	--	--

Social Security Number or Taxpayer Identification Number  
(Must provide all 9 digits)

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Division \_\_\_\_\_

Married  Unmarried

Email Address - By providing an email address above, I am consenting to receive emails related to this request.

Daytime Phone Number \_\_\_\_\_

Select One:

U.S. Citizen  U.S. Resident Alien

Alternate Phone Number \_\_\_\_\_

Other/Non-Resident Alien \_\_\_\_\_

Country of Residence (Required) \_\_\_\_\_

## B What is my reason for this withdrawal?

(Continue to the next section after completing.)

Disability - I am no longer employed with the employer/company sponsoring this Plan.

Separation from Employment Date (Required): \_\_\_\_/\_\_\_\_/\_\_\_\_

- If I am under age 59½ AND my disability meets the Internal Revenue Code ("IRC") §72(m)(7) definition of disability (See Guide for definition) and I want my withdrawal to be reported as exempt from the federal ten percent (10%) early withdrawal penalty, I must obtain either:
  1. My physician's signature in My Physician's Information and Certification of Disability section, Or;
  2. My Plan Administrator's certification. The certification must include ALL of the following: A) a check mark in the box provided; B) the date of my disability on the line provided; and C) the signature and date of my Plan Administrator in My Authorized Plan Administrator section.
- If neither (1) nor (2) above are met, I will have to submit proof of my disability under IRC §72(m)(7) to the Internal Revenue Service ("IRS") when I file my tax returns to claim exception from the ten percent (10%) federal tax penalty.

## C What type of withdrawal and how much am I requesting?

100% withdrawal will be the Maximum Amount Available

(Continue to the next section after completing.)

**Do I want my funds associated with Great-West SecureFoundation® Guaranteed Lifetime Withdrawal Benefit ("GLWB") to be included with this withdrawal request?**

Yes  No (See the Guide for additional information)

If I elect to include these funds with all other assets on this request, I may reduce my Benefit Base and may eliminate the associated guaranteed income benefit.

The funds associated with GLWB are:

Great-West SF Balanced Trust

Payable to Me as a One-time Withdrawal

Amount \_\_\_\_\_ % or \$ \_\_\_\_\_ Contribution Source: \_\_\_\_\_

Net Amount (The amount I will receive after applicable income taxes and fees are withheld.)

Gross Amount (The amount I will receive will be less than the amount requested after applicable income taxes and fees are withheld.)

100% Withdrawal With A Portion Payable to Me and the Remaining Balance as a Direct Rollover

Net Amount (The amount I will receive after applicable income taxes and fees are withheld.)

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_

Number \_\_\_\_\_

**C What type of withdrawal and how much am I requesting?** *(Continue to the next section after completing.)*  
*100% withdrawal will be the Maximum Amount Available*

Gross Amount *(The amount I will receive will be less than the amount requested after applicable income taxes and fees are withheld.)*

Payable to Me Amount \_\_\_\_\_ % or \$ \_\_\_\_\_

Direct Rollover Amount 100 % of the remaining balance

Great-West Lifetime Advantage IRA® Solution *(To avoid any processing delays, contact the Retirement Resource Center at 1-877-804-6257 to open an account by phone OR complete a Great-West Lifetime Advantage IRA® Solution Application at www.ira.gwrs.com; \$500.00 minimum vested balance required.)*

Traditional IRA       Roth IRA *(Taxable event - Subject to ordinary income taxes and withholding)*

At Another Retirement Provider

Eligible Retirement Plan:  401(a)    401(k)    403(b)    Governmental 457(b)

Traditional IRA       Roth IRA *(Taxable event - Subject to ordinary income taxes)*

**Rollover to a Great-West Lifetime Advantage IRA® Solution as a One-time Withdrawal** *(To avoid any processing delays, contact the Retirement Resource Center at 1-877-804-6257 to open an account by phone OR complete a Great-West Lifetime Advantage IRA® Solution Application at www.ira.gwrs.com; \$500.00 minimum vested balance required.)*

Traditional IRA      Amount \_\_\_\_\_ % or \$ \_\_\_\_\_

Roth IRA      Amount \_\_\_\_\_ % or \$ \_\_\_\_\_ *(Taxable event - Subject to ordinary income taxes)*

**Rollover to an IRA at Another Retirement Provider or New Employer's Plan as a One-time Withdrawal**

Eligible Retirement Plan:  401(a)    401(k)    403(b)    Governmental 457(b)

Amount \_\_\_\_\_ % or \$ \_\_\_\_\_

Traditional IRA      Amount \_\_\_\_\_ % or \$ \_\_\_\_\_

Roth IRA      Amount \_\_\_\_\_ % or \$ \_\_\_\_\_ *(Taxable event - Subject to ordinary income taxes)*

**Periodic Installment Payments** *(Complete the information below.)*

I am requesting to establish a new Periodic Installment Payment.

I am making a change to an existing Periodic Installment Payment.

I am requesting a one time withdrawal payable to me of \_\_\_\_\_ % or \$ \_\_\_\_\_ at the same time I am requesting this Periodic Installment Payment.

I would like my eligible Periodic Installment Payments to be rolled over. *(This option is only available if my Periodic Installment Payments are eligible for rollover. Complete information below and Trustee/Custodian/Provider information in Section D)*

First Payment Processing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ *(1st - 28th only)*

Frequency - Select One:       Monthly    Quarterly    Semi-Annually    Annually

Payment Type - Select One:       Amount Certain *(Gross Amount Only)* \$ \_\_\_\_\_

Period Certain *(Specific Number of Years)* \_\_\_\_\_

Interest Only Payments, Converted to Required Minimum Distribution at age 70½ *(Must have at least one fixed investment option and attach copy of Birth Certificate or Driver's License)*

**D If I am requesting a Rollover, To whom do I want my withdrawal payable and where should it be sent?** *(Continue to the next section after completing.)*  
*Do not complete if requesting Payable to Me or Rollover to Great-West Lifetime Advantage IRA Solution®.*

Name of Trustee/Custodian/Provider - Required *(To whom the check is made payable)*

Account Number

Mailing Address

City/State/Zip Code

(      )

Retirement Plan Name *(if applicable)*

Phone Number

**E How do I want my withdrawal delivered?** *(Continue to the next section after completing.)*

**Select One - Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order and additional/required information from my employer. If no option is selected, a check will be sent regular mail.**

**Check by United States Postal Service ("USPS") mail**

- Estimated delivery time is 7-10 business days
- No additional charge

**Check by Express Delivery**

- Estimated delivery time is 1-2 business days
- In addition to any withdrawal fees, a \$25.00 non-refundable charge will apply.
- Not available for Periodic Installment Payments
- Available for delivery, Monday - Friday only, with no signature required upon delivery
- If address is a P.O. Box, check will be sent by USPS Express and estimated delivery time is 2-3 business days.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_

Number \_\_\_\_\_

**E How do I want my withdrawal delivered?** *(Continue to the next section after completing.)*

Select One - Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order and additional/required information from my employer. If no option is selected, a check will be sent regular mail.

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

- Estimated delivery time is 2-3 business days
- In addition to any withdrawal fees, a \$15.00 non-refundable charge will apply.
- Not available for Direct Rollovers
- Available for Periodic Installment Payments at no charge
- If I have requested a periodic installment payment and my first payment processing date does not allow for the 10 day pre-notification process, I understand that my first payment will be sent by check to my address on file.
- **The name on my checking/savings account MUST match the name on file with Service Provider.**
- Checking Account - **Include a copy of a preprinted voided check** for the receiving account. I may also attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which includes my name, checking account number and ABA routing number.
- Savings Account - **Include a letter on financial institution letterhead, signed by a representative** from the receiving institution, which includes my 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. If the ACH information outlined above is missing, incomplete or inaccurate, this request may be rejected and my withdrawal may be delayed. By requesting my withdrawal via ACH deposit, I 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 my ACH deposit to an account that exists at a financial institution or a branch of a financial institution in another country. I understand that it is my 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.

**Wire Transfer**

- Estimated delivery time is 1-2 business days
- In addition to any withdrawal fees, a \$40.00 non-refundable charge will apply.
- Not available for Periodic Installment Payments
- **Include a letter on financial institution letterhead, signed by a representative from the receiving institution, which provides the wire transfer instructions.** The letter must include the following wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA Routing Number and 'For Further Credit to' Name and Account Number.
- Additional fees may apply at the receiving financial institution.
- **Service Provider is not responsible for inaccurate wire transfer instructions.**

**F What are my Outstanding Loan options?** *(Continue to the next section after completing.)*

If I have an existing loan, I must select one option.

- Treat my outstanding loan balance (*principal and interest*) as a taxable withdrawal.
- I would like to pay off my outstanding loan balance in full. To pay off my loan, I need to:
  1. Visit the Web site at [www.kern457.com](http://www.kern457.com) or call 1-800-701-8255 to obtain a payoff quote **and**,
  2. Attach payment made payable to **Great-West Financial** (*Consider submitting payment by certified check or bank money order*) **and**,
  3. Mail this form and the loan payoff check to one of the following addresses:

**Regular Mail:**  
Great-West Financial  
Dept. 0889  
Denver, CO 80256-0889

**OR**

**Express Delivery** (*request a.m. delivery*):  
US Bank  
10035 East 40th Avenue  
Dept #0889  
Denver, CO 80238

**G How will my income taxes be withheld?** *(Continue to the next section after completing.)*

I should refer to and **read the attached 402(f) Notice of Special Tax Rules on Distributions and the Guide**, as well as information from the Department of Revenue for my state of residence.

If applicable, **I must attach IRS Form W-4P and/or my State Income Tax withholding form to make tax elections when required.** In the event these forms are required for my withdrawal and not submitted, Service Provider will withhold in accordance with applicable Federal and State regulations.

**Federal Income Tax**

- Federal Income Tax will be withheld based on the reason and type of withdrawal I have selected.
- I would like **additional** Federal Income Tax withholding (*Optional*):  
\_\_\_\_\_ % or \$ \_\_\_\_\_  
*(This is in addition to any mandatory Federal Income Tax withheld based on the reason and type of withdrawal I have selected.)*

**State Income Tax**

- State Income Tax withholding is mandatory in some states and will be withheld regardless of any election below. I 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.)*

Last Name

First Name

M.I.

Social Security Number

Number

**G How will my income taxes be withheld?** *(Continue to the next section after completing.)*

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

If the checkbox is not marked below, I choose to have State Income Tax withheld from my withdrawal. I would also 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 I have attached the proper election form if required by my 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 I have selected.

- I would like State Income Tax withheld - **Optional** State Income Tax withholding:

\_\_\_\_\_ % or \$ \_\_\_\_\_  
*(If this optional income tax election is permitted. I also have attached the proper income tax election form if required by my state to elect this optional withholding).*

**H Signatures and Consent** *(After receiving ALL required signatures, continue to the next section.)*

**My Consent**

I acknowledge that I have read, understand and agree to all pages of this Disability Withdrawal Request, the Participant Withdrawal Guide and the 402(f) Notice of Special Tax Rules on Distributions and affirm that all information that I have provided is true and correct. I understand the following:

- Any election on this Disability Withdrawal Form is effective for 180 days.
- It is my responsibility to ensure that this election conforms with all applicable provisions of the IRC and that the Plan into which I am rolling money over will accept the dollars, if applicable.
- I am liable for any income tax and/or penalties assessed by the IRS and/or state tax authorities for any election I have chosen.
- Once a payment has been processed, it cannot be changed or reversed.
- In the event that any section of this form is incomplete or inaccurate, Service Provider may not process the transaction requested on this form and may require a new form or that I provide additional or proper information before the transaction can be processed.
- 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.
- The Social Security Number (or Taxpayer Identification Number) shown in Section A is correct. I am a U.S. person if I marked U.S. citizen or U.S. resident alien box in Section A.
- It is my responsibility to transfer cash from my SDB account to the core investment options prior to the withdrawal.
- For at least 30 days after my receipt of the 402(f) Notice of Special Tax Rules on Distributions, I have the right to consider whether to consent to a withdrawal of the vested account balance or elect a direct rollover of any vested portion of the eligible rollover withdrawal. By signing this form less than 30 days after I received the 402(f) Notice of Special Tax Rules on Distributions, I affirmatively waive any unexpired portion of the 30 day period and affirmatively elect a withdrawal from the account pursuant to this Disability Withdrawal form.
- The 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>.
- If my disability meets the requirements under IRC §72(m)(7), I must obtain either: 1) my physician's information and signature in My Physician's Information and Certification of Disability section; or 2) my Plan Administrator's certification in My Authorized Plan Administrator Signature section. The Plan Administrator certification is considered complete if the section includes the following: A) a check mark in the box provided; B) the date of my disability on the line provided; and C) the signature and date of my Plan Administrator. By obtaining the required signatures, I understand that my withdrawal will be reported by Service Provider on the appropriate tax reporting form as a withdrawal due to disability and exempt from the federal ten percent (10%) early withdrawal penalty. If neither (1) nor (2) are met, I understand that my withdrawal will be reported by Service Provider on the appropriate tax reporting form as a regular distribution and NOT exempt from the ten percent (10%) early withdrawal penalty and, if applicable, I will have to submit proof of my disability under IRC §72(m)(7) to the IRS to claim exception from the ten percent (10%) federal tax penalty.

**My withdrawal may be subject to withdrawal 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 withdrawal, I may contact Service Provider for a withdrawal quote at 1-800-701-8255.**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_

Number \_\_\_\_\_

**H Signatures and Consent**

*(After receiving ALL required signatures, continue to the next section.)*

**My Consent**

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

**Before signing this form: I must sign this form in the presence of a Notary Public or Plan Administrator if my withdrawal request will include a change of address or check delivery to an alternate mailing address. The date I sign this form must match the date of the Notary Public or Plan Administrator signature.**

**My Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

**My Change of Address/Alternate Address Notarization**

*May also be witnessed by my authorized Plan Administrator in the below section*

**Active Employees only** - If I am requesting a new permanent address, I must also update my primary address with my employer. A current address is essential for correspondence and tax purposes.

**Permanent Address Change** - I would like the address on my account to be updated with this address. If I am requesting a check, I understand that it will be mailed to this address.

Mailing Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

**Alternate Mailing Address** - I would like my withdrawal check to be sent to the following alternate mailing address. I understand that this address will be used for this withdrawal only.

Alternate Mailing Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

**The date I sign this form must match the date on which my signature in 'My Consent' section was notarized or witnessed.**

**Statement of Notary**

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

This request was subscribed and sworn (or affirmed) to before me

State of \_\_\_\_\_) on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, by

**SEAL**

)ss. **(name of participant)** \_\_\_\_\_

County of \_\_\_\_\_) proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**My Physician's Information and Certification of Disability**

Physician's Name \_\_\_\_\_

Name of Practice \_\_\_\_\_

Physician's Mailing Address \_\_\_\_\_

Physician's City/State/Zip Code \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

Physician's Fax Number \_\_\_\_\_

Section §72(m)(7) of the Internal Revenue Code provides that a person is 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." Federal Treasury regulations provides that the "substantial gainful activity" to which §72(m)(7) refers is "the activity or a comparable activity in which the individual customarily engaged prior to the arising of the disability or prior to retirement if the individual was retired at the time the disability arose."

I, \_\_\_\_\_, under penalty of perjury, hereby certify that \_\_\_\_\_

*(Physician's printed name)*

*(Participant's printed name)*

is my patient who became totally and permanently disabled on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and has met and continues to meet the IRC §72(m)(7) definition of disability.

**Physician's Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Number

<b>H</b>	<p><b>Signatures and Consent</b> <span style="float: right;"><i>(After receiving ALL required signatures, continue to the next section.)</i></span></p> <hr/> <p><b>My Authorized Plan Administrator Signature</b></p> <p>This request is in compliance with the terms of the Plan and a written explanation of the tax rules and any Internal Revenue Service, Department of Labor or other notice requirements applicable to this request have been provided to the participant as required by law. The appropriate consent and waivers have been obtained by the Plan Administrator and Service Provider is authorized to rely on the information provided on this request. I approve this withdrawal as it is presented on this form.</p> <p>The recordkeeping system has the accurate vesting percentage unless otherwise indicated below. <i>(Please be advised that balances may not exist in all money sources.)</i></p> <p>ERB 1 - EMPLOYER MATCH <span style="float: right;">_____ 100 _____ %</span></p> <p><b>If the participant request includes either a permanent address change or an alternate mailing address and the participant's signature is not notarized, I certify that this request was signed by the participant in my presence. The date that I sign this form must match the date the participant has signed.</b></p> <p>I certify that the Participant met the disability requirements under the Plan Document and is eligible to take this withdrawal.</p> <p><input type="checkbox"/> I certify that the Participant's disability meets the IRC §72(m)(7) definition of disability and the date of their disability is ____/____/____. <span style="margin-left: 150px;"><i>(mm/dd/yyyy)</i></span></p> <p>As the individual authorized to sign on behalf of the Plan Sponsor, I certify I have the authority to sign this form.</p> <p><b>Authorized Plan Administrator Signature</b> _____ <b>Date (Required)</b> _____</p>										
<b>I</b>	<p><b>Where should I send this form?</b></p> <p><b>Participant forward this form to:</b></p> <p>Kern County 1115 Truxtun Ave 2nd Floor Bakersfield, CA 93301-4639</p> <p><b>After all signatures have been obtained, this form can be sent by</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><b>Fax to:</b></td> <td style="width: 25%; text-align: center;"><b>OR</b></td> <td style="width: 25%;"><b>Regular Mail to:</b></td> <td style="width: 25%; text-align: center;"><b>OR</b></td> <td style="width: 20%;"><b>Express Mail to:</b></td> </tr> <tr> <td><b>1-866-745-5766</b></td> <td></td> <td>Great-West Retirement Services® PO Box 173764 Denver, CO 80217-3764</td> <td></td> <td>Great-West Retirement Services® 8515 E. Orchard Road Greenwood Village, CO 80111</td> </tr> </table> <p><b>If a Loan Payoff check is included, please use an address in Section F</b></p>	<b>Fax to:</b>	<b>OR</b>	<b>Regular Mail to:</b>	<b>OR</b>	<b>Express Mail to:</b>	<b>1-866-745-5766</b>		Great-West Retirement Services® PO Box 173764 Denver, CO 80217-3764		Great-West Retirement Services® 8515 E. Orchard Road Greenwood Village, CO 80111
<b>Fax to:</b>	<b>OR</b>	<b>Regular Mail to:</b>	<b>OR</b>	<b>Express Mail to:</b>							
<b>1-866-745-5766</b>		Great-West Retirement Services® PO Box 173764 Denver, CO 80217-3764		Great-West Retirement Services® 8515 E. Orchard Road Greenwood Village, CO 80111							

Great-West Financial<sup>SM</sup> refers to products and services provided by Great-West Life & Annuity Insurance Company; Great-West Life & Annuity Insurance Company of New York, White Plains, New York; their subsidiaries and affiliates. Great-West Retirement Services<sup>®</sup> refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCore, LLC (FASCore Administrators, LLC in California), Great-West Life & Annuity Insurance Company of New York, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, Great-West Life & Annuity Insurance Company of New York. Other products and services may be sold in New York by FASCore, LLC.

## Participant Withdrawal Guide - Governmental 457(b) Plan

### The Disability Withdrawal Request

#### Before completing the form, please note the following information:

- I must be eligible to receive a withdrawal from my employer's Plan.
- All pages of this Disability Withdrawal Request form ("Disability Form") must be returned excluding the Participant Withdrawal Guide and the 402(f) Notice of Special Tax Rules on Distributions.
- Neither this Guide nor this Disability Form are intended to provide tax or legal advice. In the preparation of this Disability Form, and where I deem appropriate, I will seek a consultation with my accountant and/or tax advisor.
- Great-West Retirement Services® ("Service Provider") cannot release the funds until my employer approves the withdrawal from the Plan.
- **I must complete a separate Disability Form for each account or plan number.**
- **If I am a Beneficiary, I need to complete and submit a Death Benefit Claim Request form rather than this Disability Form.**
- **If I am an Alternate Payee, I need to complete and submit an Alternate Payee QDRO Distribution Request rather than this Disability Form.**

#### Changes to My Request

- Any changes to this Disability Form must be crossed-out and initialed. If I do not initial all changes, this Disability Form may be returned to me for verification.

#### Incomplete or Inaccurate Information

- In the event that any section of this Disability Form is incomplete or inaccurate, Service Provider may not be able to process the transaction requested on this Disability Form. I may be required to complete a new form or provide additional or proper information before the transaction will be processed.

### Section A: What is my personal information?

- All information in this section must be completed.
- Personal information will be kept confidential.

### Section B: What is my reason for this withdrawal?

#### Disability - I am no longer employed with the employer/company sponsoring this Plan.

- I would check this box if I have left employment with the employer/company sponsoring this Plan and I must indicate my separation from employment date on the line provided.
- By obtaining my physician's information and signature or my authorized Plan Administrator's certification, I understand that my withdrawal will be reported by Service Provider on the appropriate tax reporting form as a withdrawal due to disability and exempt from the federal ten percent (10%) early withdrawal penalty.
- If I do not obtain my physician's information and signature or my authorized Plan Administrator's certification, in addition to ordinary tax, my withdrawal may be subject to a ten percent (10%) early withdrawal penalty imposed by the IRS, if I am under the age of 59½. I understand that my withdrawal will be reported by Service Provider on the appropriate tax reporting form as a regular distribution and NOT exempt from the ten percent (10%) early withdrawal penalty, unless another exception applies and, if applicable, I will have to submit proof of my disability under IRC §72(m)(7) to the IRS to claim exception from the ten percent (10%) federal tax penalty.
- Section §72(m)(7) of the IRC provides that a person is 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." Federal Treasury regulations provides that the "substantial gainful activity" to which §72(m)(7) refers is "the activity or a comparable activity in which the individual customarily engaged prior to the arising of the disability or prior to retirement if the individual was retired at the time the disability arose."

### Section C: What type of withdrawal and how much am I requesting?

- I must designate a type of withdrawal in order for my request to be processed.
- Once Service Provider has processed a withdrawal, it cannot be returned.
- Certain fees, charges (including contingent deferred sales charge) and/or limitations may apply.
- The withdrawal will be prorated against all available investment options and all available contribution sources.
- The following is a brief explanation of each type of withdrawal listed on this Disability Form.

**I must indicate whether I would like the funds associated with Great-West SecureFoundation® Guaranteed Lifetime Withdrawal Benefit ("GLWB") to be included or excluded with this withdrawal request.** By electing to include these funds with all other assets withdrawn on this request, I may reduce my Benefit Base and may eliminate the associated guaranteed income benefit.

The funds associated with GLWB are:

Great-West SF Balanced Trust

For additional options to withdraw the funds associated with GLWB, I should refer to and complete the GLWB Distribution/Direct Rollover Request form for instructions specific to these funds.

For more information regarding GLWB, I should visit [www.kern457.com](http://www.kern457.com) to view the Summary Disclosure Statement or speak to a representative at 1-866-696-8232.

#### Payable to Me as a One-time Withdrawal

- I would check this box to have my withdrawal made payable to me and enter the requested amount.
- If I select the Net Amount box, the actual withdrawal amount will be greater than the withdrawal amount received to account for applicable income taxes and fees.
- If I select the Gross Amount box, applicable income taxes and fees will be withheld from the gross amount, resulting in an amount less than the requested amount. If both or neither check box is marked, the request will be processed as a Gross Amount.
- If I am electing a partial withdrawal, I must indicate the amount or percent in the lines provided.
- If I am taking a withdrawal from a specific contribution source, I would enter it on the line provided. If I do not enter a contribution source, my withdrawal will be prorated against all of my available investment options and all available contribution sources.

#### 100% Withdrawal With A Portion Payable to Me and the Remaining Balance as a Direct Rollover

- I would enter the requested amount to be paid to me and the remaining balance will be withdrawn as a direct rollover.
- If I select the Net Amount box, the actual withdrawal amount will be greater than the withdrawal amount received to account for applicable income taxes and fees.

- If I select the Gross Amount box, applicable income taxes and fees will be withheld from the gross amount, resulting in an amount less than the requested amount. If both or neither check box is marked, the request will be processed as a Gross Amount.
- I must indicate a Great-West Lifetime Advantage IRA® Solution, an IRA at another provider or specify an eligible Plan to accept the remaining assets that are rolled over.
- An eligible rollover withdrawal may be paid directly to Roth IRA. Mandatory Federal and State Income Tax withholding does not apply to this type of rollover. However, this withdrawal is subject to Federal and State Income Tax withholding and I am responsible for making tax payments. The taxable withdrawal will be reported on IRS Form 1099-R. Making an estimated tax payment to the IRS and an appropriate state authority at the time of this rollover may be one of the options to cover this tax liability. Where I deem appropriate, I will seek a consultation with my tax advisor.
- The rollover may not be completed if the acceptance letter and the form provide conflicting information. I may be contacted to provide additional information.
- Required Minimum Distributions are not eligible for rollover.

#### **Rollover to a Great-West Lifetime Advantage IRA® Solution as a One-time Withdrawal**

- I would check this box to have my withdrawal sent to a Great-West Lifetime Advantage IRA® Solution and elect whether the withdrawal will be going into a Traditional IRA or a Roth IRA.
- I would enter the amount to be rolled over.
- I must indicate the amount or percent of a partial withdrawal in the lines provided.
- An eligible rollover withdrawal may be paid directly to a Great-West Lifetime Advantage IRA® Solution - Roth. Mandatory Federal and State Income Tax withholding does not apply to this type of rollover. However, this withdrawal is subject to Federal and State Income Tax withholding and I am responsible for making tax payments. The taxable withdrawal will be reported on IRS Form 1099-R. Making an estimated tax payment to the IRS and an appropriate state authority at the time of this rollover may be one of the options to cover this tax liability. Where I deem appropriate, I will seek a consultation with my tax advisor.
- The rollover may not be completed if the acceptance letter and the form provide conflicting information. I may be contacted to provide additional information.

#### **Rollover to an IRA at Another Retirement Provider or New Employer's Plan as a One-time Withdrawal**

- It is my responsibility to determine if the IRA or New Employer's Plan accepts eligible rollover withdrawals.
- I would check this box to have my withdrawal sent to an IRA at Another Retirement Provider or New Employer's Plan and enter the requested amount.
- An eligible rollover withdrawal may be paid directly to a Roth IRA at another retirement provider. Mandatory Federal and State Income Tax withholding does not apply to this type of rollover. However, this withdrawal is subject to Federal and State Income Tax withholding and I am responsible for making tax payments. The taxable withdrawal will be reported on IRS Form 1099-R. Making an estimated tax payment to the IRS and an appropriate state authority at the time of this rollover may be one of the options to cover this tax liability. Where I deem appropriate, I will seek a consultation with my tax advisor.
- The rollover may not be completed if the acceptance letter and the form provide conflicting information. I may be contacted to provide additional information.

#### **Periodic Installment Payments**

- If I am requesting to establish a new periodic installment payment, I would check the box before "I am requesting to establish a new Periodic Installment Payment." I would then fill in the First Payment Processing Date, Frequency and Payment Type. See [Periodic Installment Payment Options](#) below for explanation of the options available.
- If I have an existing periodic installment payment and I would like to change the frequency or payment date, I would check the box before "I am making a change to an existing Periodic Installment Payment." I would then fill in the information that I want changed.
- If my request is to establish a new periodic installment payment but I would also like to take a one-time partial withdrawal, I would check the box before "I am also requesting a one-time withdrawal..." and enter the dollar amount or percentage on the line provided. I would then fill in the First Payment Processing Date, Frequency and Payment Type. See [Periodic Installment Payment Options](#) below for explanation of the options available.
- If I am requesting to have my periodic installment payments rolled over, I would check the box before "I would like my Periodic Installment Payments to be rolled over." I would then fill in the First Payment Processing Date, Frequency and Payment Type. See [Periodic Installment Payment Options](#) below for explanation of the options available. I would also need to add the receiving Trustee/Custodian/Provider Information in Section D.

#### Periodic Installment Payment Options

##### First Payment Processing Date

- I must select a First Payment Processing Date. The First Payment Processing Date is the date the funds will be withdrawn from my account.
- I may choose any day between the 1st and the 28th for my First Payment Processing Date. If my chosen date falls on a non-business day (weekend, holiday, etc.) then my payment will distribute on the next available business day.
- Allow 5-10 business days from the First Payment Processing Date to receive the withdrawal.

##### Frequency

- I must select the frequency of my payment from the available options.

##### Payment Type

###### Amount Certain (*Gross Amount Only*)

- I would select this option if I wish to receive specific dollar amount payments on an installment basis.
- The payments will continue until my account balance is zero.
- The number of payments I receive will vary depending on the performance of my underlying investment options.

###### Period Certain (*Specific Number of Years*)

- I would select this option if I wish to receive a set number of periodic installment payments.
- Payment amounts will depend on the account value, which may fluctuate depending upon my chosen investments' performance, the number of years I elect to receive payments and the frequency chosen.
- The payment amount will be calculated by dividing my current vested account balance by the number of remaining payments and is recalculated each time a payment is distributed; therefore, the amount of each payment typically differs. For example, if the payout is to be annually for 4 years, the initial payout amount will be equal to ¼ of my account balance. The second payment will be ⅓ of my balance. The third payment will be ½ and the final payment will be the remainder of the account balance, resulting in a zero account balance.

##### Interest Only Payments

- This option is only available to me if I have at least one fixed investment option.
- The payment will vary depending on the type and performance of the fixed investment options.
- The payment will continue until I reach age 70½, at which point my periodic installment payment option will be automatically converted to my required minimum distribution and withdrawals will be made at the same frequency as my interest only payments.



## Section D: To whom do I want my withdrawal payable and where should it be sent?

- It is my responsibility to make sure that the Trustee/Custodian/Provider information provided is accurate.
- Service Provider is not responsible for misdirected payments due to incorrect information or address.
- If I am electing to have my withdrawal sent to another retirement provider, I need to provide the requested information for the receiving Trustee/Custodian/Provider.

## Section E: How do I want my withdrawal delivered?

- Certain delivery options are not available on all types of withdrawals.
- Delivery of payment is based on completion of the withdrawal process, including receipt of a complete request in good order **and** obtainment of any additional/required information from my employer.
- I must select a delivery option from the choices provided. If I do not make any selection, the check will be sent by regular mail.
- Below is a description of each delivery option.

### Check by United States Postal Service ("USPS") Regular Mail

- Estimated delivery time is 7-10 business days
- No additional charge
- If the check is payable to me, it will be sent to the address on file unless an address change or alternate address is indicated in the 'Signatures and Consent' section of the form and is properly notarized or witnessed.
- If the check is payable to another retirement provider, it will be sent to the address indicated in Section D.

### Check by Express Delivery

- Estimated delivery time is 1-2 business days
- In addition to any withdrawal fees, a \$25.00 non-refundable charge will be deducted from my withdrawal amount.
- Not available for Periodic Installment Payments
- Available for delivery, Monday-Friday, with no signature required upon delivery
- If the check is payable to me, it will be sent to the address on file unless an address change or alternate address is indicated in the 'Signatures and Consent' section of the form and is properly notarized or witnessed.
- If the check is payable to another retirement provider, it will be sent to the address indicated in Section D.
- If the address is a P.O. Box, the check will be sent by USPS Express and estimated delivery time is 2-3 business days.
- Delivery is not guaranteed to all areas

### Direct Deposit via Automated Clearing House ("ACH")

- I would elect this option if I want my payment to be electronically deposited into my personal checking or savings account.
- Estimated delivery time is 2-3 business days
- In addition to any withdrawal fees, a \$15.00 non-refundable charge will be deducted from my withdrawal amount.
- Not available for Direct Rollovers
- Available for Periodic Installment Payments at no charge
- If I have requested a periodic installment payment and my first payment processing date does not allow for the 10 day pre-notification process, I understand that my first payment will be sent by check to my address on file.
- **The name on my checking/savings account MUST match the name on file with Service Provider.**
- For deposit into my **checking account, I must attach a copy of a preprinted voided check** for the receiving account. I may also attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which indicates my name, checking account number and the ABA routing number.
- For deposit into my **savings account, I must attach a letter on financial institution letterhead, signed by a representative** from the receiving institution, which indicates my name, savings account number and the ABA routing number.
- **An ACH request can not be sent to a prepaid debit card, an IRA, or a business account.**
- Any missing, incomplete, or inaccurate information will delay my withdrawal request.
- ACH credit can only be made into a United States financial institution.
- Any requests received referencing a foreign financial institution or referencing a United States financial institution with a further credit to an account associated with a foreign financial institution will be rejected.

### General ACH Information

- I authorize Service Provider to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error.
- In addition, I authorize my financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account.
- Service Provider will make payment in accordance with the direction I have specified on this Disability Form until such time that I notify Service Provider in writing that I wish to cancel the ACH agreement.
- I 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 my subsequent payments.
- Service Provider reserves the right to terminate the ACH transfers for any reason and will notify me in the event of such termination by sending notice to my last known address on file with Service Provider.
- It is my obligation to notify Service Provider of any address or other changes affecting electronic fund transfers during my lifetime.
- I am solely responsible for any consequences and/or liabilities that may arise out of my failure to provide such notification.
- By selecting the ACH method of delivery, I acknowledge that Service Provider is not liable for payments made by Service Provider in accordance with a properly completed Disability Form.
- I am authorizing and directing my financial institution not to hold any overpayments made by Service Provider on my behalf, or on behalf of my estate or any current or future joint account holder, 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 or check delivery instructions.

### ACH for Periodic Installment Payments Only

- ACH is a form of electronic funds transfer by which Service Provider can transfer my payments directly to my financial institution.
- I should allow at least 15 days from the date Service Provider receives my properly completed Disability Form to begin using ACH for my payments.
- Upon receipt of a properly completed Disability Form, Service Provider will notify my financial institution of my ACH request. This is called the pre-notification process.
- The pre-notification process takes approximately 10 days.

- During the pre-notification process, my financial institution will confirm with Service Provider that the account and routing information I submitted is correct and that it will accept the ACH transfer.
- After this confirmation is received, my payments will be transferred to my financial institution within 2 days of the first payment date.
- If my payments are withdrawn from investments that are subject to time delays upon withdrawal, the deposit to my financial institution may be delayed accordingly.
- In the event of a change to my periodic installment payment, my electronic funds transfer may be subject to delay and a check will be sent to my last known address on file with Service Provider.
- If my financial institution rejects the pre-notification, I will be notified and my payments will be mailed to me via check until I submit new ACH instructions.
- As a result, it is important to notify Service Provider in writing of any changes to my mailing address.
- I may submit my new ACH instructions on the Direct Deposit (ACH) form which is available at [www.kern457.com](http://www.kern457.com) or by calling 1-800-701-8255.

#### Wire Transfer

- Estimated delivery time is 1-2 business days
- In addition to any withdrawal fees, a \$40.00 non-refundable charge will be deducted from my withdrawal amount.
- Not available for Periodic Installment Payments
- Additional fees may apply at the receiving financial institution.
- **I must verify the wire transfer information provided with the financial institution receiving these funds. Service Provider is not responsible for inaccurate wire transfer instructions.**
- Attach a letter on financial institution letterhead signed by a representative of the receiving institution. The letter must include the following wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA Routing Number and 'For Further Credit to' Name and Account Number.

#### Section F: What are my Outstanding Loan options?

- If I have an outstanding loan on my account, I must either pay off the outstanding loan balance or I may treat the outstanding loan (principal and interest) as a taxable withdrawal at the time I submit this Disability Form.

#### Section G: How will my income taxes be withheld?

- Withdrawal withholding will vary depending on the type of withdrawal I am requesting.
- I have received and **must read the attached 402(f) Notice of Special Tax Rules on Distributions**, which provides additional income tax withholding information.
- If I do not have sufficient Federal or State Income Tax withheld from my withdrawal, I will be responsible for payment of estimated tax and/or may incur penalties under estimated tax rules.
- If applicable, I have attached IRS Form W-4P and/or my State's Income Tax withholding form to make tax elections when required. In the event these forms are required for my withdrawal and not submitted, Service Provider will withhold in accordance with applicable Federal and State regulations.
- If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

#### Federal Income Tax Withholding

- Generally, twenty percent (20%) mandatory Federal Income Tax withholding will apply to the taxable amount of all withdrawals paid directly to me unless an exception applies.

#### Early Withdrawal Penalty

- I may be subject to an additional ten percent (10%) tax penalty for withdrawals if I am under the age of 59½, unless another exception to the early withdrawal penalty applies.

#### Direct Rollovers

- Direct rollovers are not subject to Federal Income Tax withholding.
- A rollover of assets to a Roth IRA are subject to Federal Income Tax and will be reported as taxable income to me.
- I am responsible for paying any income tax due on this withdrawal.

#### Periodic Installment Payments

- Twenty percent (20%) mandatory Federal Income Tax withholding will apply to the taxable amount of all amount certain or period certain periodic installment payments scheduled to continue for less than ten (10) years.
- If my periodic installment payments are payable over my life expectancy or are scheduled to continue for a period certain of more than ten (10) years, it is suggested that I complete and attach an IRS Form W-4P to this Disability Form.
- If an IRS Form W-4P is not attached, Federal Income Tax withholding will be made as though I am married with three (3) allowances, regardless of my marital status indicated in Section A.
- I may obtain an IRS Form W-4P at <http://www.irs.gov>.

#### Income Tax Withholding Applicable to Payments Delivered Outside the U.S.

- If I am a U.S. citizen or U.S. resident alien and my payment is to be delivered outside the U.S. or its possessions, I may not elect out of Federal Income Tax withholding.
- If I am a non-resident alien, I must attach 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.
- The withholding rate applicable to my payment is thirty percent (30%) unless a reduced rate applies because my country of residence has entered into a tax treaty with the U.S. and the treaty provides for a reduced withholding rate or an exemption from withholding. In order to claim a treaty rate, I must complete the appropriate fields and provide a U.S. Taxpayer Identification Number on Form W-8BEN. I may call 1-800-TAX-FORM (829-3676) to obtain IRS Form W-8BEN. If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

#### State Income Tax Withholding

- If applicable, I will attach my State's Income Tax withholding form to make tax elections when required. In the event these forms are required for my withdrawal and not submitted, Service Provider will withhold in accordance with applicable state regulations.
- If I live in the state that mandates State Income Tax withholding, State Income Tax will be withheld. If I wish to have additional State Income Tax withheld, I may elect so by entering a percentage or dollar amount on the line provided.
- Certain states allow an election for no State Income Tax withholding depending on the reason and type of withdrawal I have selected. For these states only, State Income Tax will be withheld unless I properly elect otherwise on the form.
- Certain states do not require mandatory withholding but allow to elect State Income Tax withholding depending on the reason and type of withdrawal I have selected. If I elect this, State Income Tax will be withheld based on a default rate/rules provided by the state of my residence. I may elect to have an additional State Income Tax withheld by entering a percentage or a dollar amount on the line provided.

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

## Section H: Signatures and Consent

### My Consent

- My signature and the date of my signature are required.
- I attest to receiving, reading, understanding and agreeing to all provisions of this Disability Withdrawal Request, the Participant Withdrawal Guide and the 402(f) Notice of Special Tax Rules on Distributions.

### My Change of Address/Alternate Address Notarization

#### Permanent Address Change

- I would check this box if I would like for Service Provider to update the address on file to this new permanent address. If I am requesting a check, I understand that it will be mailed to this address.
- **If I am still employed, I must notify my employer of my address change.**
- Any changes to my address must be notarized or witnessed by my authorized Plan Administrator.

#### Alternate Mailing Address

- I would check this box if I would like Service Provider to mail my withdrawal check to the alternate address provided. This will not update my permanent address. This alternate address will be used for this withdrawal only.
- Any request for an alternate mailing address must be notarized or witnessed by my authorized Plan Administrator.

### My Physician's Information and Certification of Disability

- If I have elected to take a Disability withdrawal and I am claiming that my disability meets IRC §72(m)(7), the information requested in this section must be completed and I must obtain my physician's signature to certify that my disability meets the definition found under IRC §72(m)(7) to have the appropriate tax reporting form reflect my withdrawal as a withdrawal due to disability under IRC §72(m)(7) and exempt from the federal ten percent (10%) early withdrawal penalty, if I am under age 59½, or my authorized Plan Administrator's certification. The certification must include ALL of the following: A) a check mark in the box provided; B) the date of my disability on the line provided; and C) the signature and date of my Plan Administrator in My Authorized Plan Administrator section.

### My Authorized Plan Administrator Signature

- My authorized Plan Administrator signature and completed vesting information are required in order for this Disability Form to be processed.

## Section I: Where should I send this form?

- Once I have completed this Disability Form, including obtaining all signatures, I must forward it according to the instructions listed in this section.
- If I have elected to fax this Disability Form to Service Provider, I need to allow 2-4 hours for fax receipt before I check on the fax status.

## Required Information

### Postponement of Distribution Notice

If you elect to defer your distribution, the Plan will not make a distribution to you without your consent until required by the terms of the Plan or by law. Please refer to the Plan's Summary Plan Description for specific information on timing of distributions. If you elect to defer your distribution, your vested account balance will continue to experience investment gains, losses and Plan expenses. As a result, the value of your vested account balance ultimately distributed to you could be more or less than the value of your current vested account balance. In determining the economic consequences of postponing your distribution, you should compare the administration cost and investment options (including fees) applicable to your vested account balance in the Plan if you postpone your distribution to the cost and options you may obtain with investment options outside the plan.

Upon distribution of your vested account balance from the Plan, you will be taxed (except to the extent your vested account balance consists of after-tax contributions or amounts held in a Roth contribution source) on your vested account balance at the time of the distribution if you do not take advantage of the rollover rules. As explained in greater detail in the 402(f) Notice of Special Tax Rules on Distributions, you can roll over your distribution directly or you may receive your distribution and roll it over within 60 days to avoid current taxation and to continue to have the opportunity to accumulate tax-deferred earnings. There are many complex rules relating to rollovers, and you should read the 402(f) Notice of Special Tax Rules on Distributions carefully before deciding whether a rollover is desirable in your circumstances. You should also note that a 10% early withdrawal penalty may apply to distributions made before you reach age 59½.

If you defer your distribution of your vested account balance, you will be entitled to invest in the investment options available to active employees. If you do not defer distribution of your vested account balance, the currently available investment options in the Plan may not be generally available on similar terms outside the Plan. Fees and expenses (including administrative or investment related fees) outside the Plan may be different from fees and expenses that apply to your vested account balance in the Plan. For more information about fees and expenses as well as the currently available investment options in the Plan, including investment related fees, you may refer to the Summary Plan Description available from the Plan Administrator and obtain applicable prospectuses and/or disclosure documents regarding investments in the Plan from your registered representative.

When considering whether to defer your distribution you should review the Plan's Summary Plan Description carefully.

### Important Note

- Although every effort is made to keep the information in this Guide current, it is subject to change without notice. Federal, state, and local tax laws may be revised, and new Plan provisions may be adopted by the Plan. For the most up to date version of this Guide, please visit the Web site at [www.kern457.com](http://www.kern457.com) or call Client Service at 1-800-701-8255.
- Access to KeyTalk® or the Web site may be limited or unavailable during periods of peak demand, market volatility, systems upgrades, maintenance or for other reasons.
- For more information about available investment options, including fees and expenses, I may obtain applicable prospectuses and/or disclosure documents from my registered representative. Read them carefully before investing.

## 402(f) NOTICE OF SPECIAL TAX RULES ON DISTRIBUTIONS

---

### YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the Kern County Deferred Compensation Plan (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice describes the rollover rules that apply to payments from the Plan that are not from a designated Roth account (a type of account with special tax rules in some employer plans). If you also receive a payment from a designated Roth account in the Plan, you will be provided a different notice for that payment, and the Plan administrator or the payor will tell you the amount that is being paid from each account.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

### **GENERAL INFORMATION ABOUT ROLLOVERS**

#### **How can a rollover affect my taxes?**

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

#### **Where may I roll over the payment?**

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

#### **How do I do a rollover?**

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

#### **How much may I roll over?**

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Required minimum distributions after age 70½ (or after death)
- Hardship distributions
- ESOP dividends
- Corrective distributions of contributions that exceed tax law limitations
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends)
- Cost of life insurance paid by the Plan
- Contributions made under special automatic enrollment rules that are withdrawn pursuant to your request within 90 days of enrollment
- Amounts treated as distributed because of a prohibited allocation of S corporation stock under an ESOP (also, there will generally be adverse tax consequences if you roll over a distribution of S corporation stock to an IRA).

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

#### **If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?**

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Payments from a governmental defined benefit pension plan made after you separate from service if you are a public safety employee and you are at least age 50 in the year of the separation
- Payments made due to disability
- Payments after your death
- Payments of ESOP dividends
- Corrective distributions of contributions that exceed tax law limitations
- Cost of life insurance paid by the Plan
- Contributions made under special automatic enrollment rules that are withdrawn pursuant to your request within 90 days of enrollment
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments up to the amount of your deductible medical expenses
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution.

**If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?**

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

**Will I owe State income taxes?**

This notice does not describe any State or local income tax rules (including withholding rules).

**SPECIAL RULES AND OPTIONS**

**If your payment includes after-tax contributions**

After-tax contributions included in a payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is generally included in the payment. If you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amount paid from the Plan and a portion is paid to you, each of the payments will include an allocable portion of the after-tax contributions. If you do a 60-day rollover to an IRA of only a portion of the payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a complete distribution of your benefit which totals \$12,000, of which \$2,000 is after-tax contributions. In this case, if you roll over \$10,000 to an IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

**If you miss the 60-day rollover deadline**

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

**If your payment includes employer stock that you do not roll over**

If you do not do a rollover, you can apply a special rule to payments of employer stock (or other employer securities) that are either attributable to after-tax contributions or paid in a lump sum after separation from service (or after age 59½, disability, or the participant's death). Under the special rule, the net unrealized appreciation on the stock will not be taxed when distributed from the Plan and will be taxed at capital gain rates when you sell the stock. Net unrealized appreciation is generally the increase in the value of employer stock after it was acquired by the Plan. If you do a rollover for a payment that includes employer stock (for example, by selling the stock and rolling over the proceeds within 60 days of the payment), the special rule relating to the distributed employer stock will not apply to any subsequent payments from the IRA or employer plan. The Plan administrator can tell you the amount of any net unrealized appreciation.

**If you have an outstanding loan that is being offset**

If you have an outstanding loan from the Plan, your Plan benefit may be offset by the amount of the loan, typically when your employment ends. The loan offset amount is treated as a distribution to you at the time of the offset and will be taxed (including the 10% additional income tax on early distributions, unless an exception applies) unless you do a 60-day rollover in the amount of the loan offset to an IRA or employer plan.

**If you were born on or before January 1, 1936**

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

**If your payment is from a governmental section 457(b) plan**

If the Plan is a governmental section 457(b) plan, the same rules described elsewhere in this notice generally apply, allowing you to roll over the payment to an IRA or an employer plan that accepts rollovers. One difference is that, if you do not do a rollover, you will not have to pay the 10% additional income tax on early distributions from the Plan even if you are under age 59½ (unless the payment is from a separate account holding rollover contributions that were made to the Plan from a tax-qualified plan, a section 403(b) plan, or an IRA). However, if you do a rollover to an IRA or to an employer plan that is not a governmental section 457(b) plan, a later distribution made before age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies). Other differences are that you cannot do a rollover if the payment is due to an "unforeseeable emergency" and the special rules under "If your payment includes employer stock that you do not roll over" and "If you were born on or before January 1, 1936" do not apply.

**If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance**

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income plan payments paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

**If you roll over your payment to a Roth IRA**

You can roll over a payment from the Plan made before January 1, 2010 to a Roth IRA only if your modified adjusted gross income is not more than \$100,000 for the year the payment is made to you and, if married, you file a joint return. These limitations do not apply to payments made to you from the Plan after 2009. If you wish to roll over the payment to a Roth IRA, but you are not eligible to do a rollover to a Roth IRA until after 2009, you can do a rollover to a traditional IRA and then, after 2009, elect to convert the traditional IRA into a Roth IRA.

If you roll over the payment to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover). For payments from the Plan during 2010 that are rolled over to a Roth IRA, the taxable amount can be spread over a 2-year period starting in 2011.

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

**If you are not a plan participant**

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

**If you are a surviving spouse.** If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½.

**If you are a surviving beneficiary other than a spouse.** If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

#### **If you are a nonresident alien**

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

#### **Other special rules**

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200 (not including payments from a designated Roth account in the Plan), the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

Unless you elect otherwise, a mandatory cash-out of more than \$1,000 (not including payments from a designated Roth account in the Plan) will be directly rolled over to an IRA chosen by the Plan administrator or the payor. A mandatory cash-out is a payment from a plan to a participant made before age 62 (or normal retirement age, if later) and without consent, where the participant's benefit does not exceed \$5,000 (not including any amounts held under the plan as a result of a prior rollover made to the plan).

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide.

#### **FOR MORE INFORMATION**

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590, Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORM.