

Things to Remember:

- If this is an initial request, and not a change in a current distribution, remember to have an Authorized Representative from the Kansas City Human Resources Retirement Division complete the Employment Information section.
- If you are requesting a payout lasting less than 10 years (including a lump sum payout), complete the enclosed Form W-4P, only if you want an additional amount withheld over the 20% mandatory withholding

Personal Information

Name:	SSN:
Address:	Date of Birth:
City, State, & ZIP:	Contact Phone Number:
Email Address:	

Account Type

- 457(b) Salary Reduction Rollover Account 401(a)

Action Requested

Select and action:

- I am not required to receive a distribution at this time and I wish to defer payments until further notice or when minimum distributions are required. (If you chose this option, go directly to the **Authorization** section.)
- Initiate payout Stop current payments (Systematic Withdrawal Options only.)
- Change/Restart (Wish to change/restart option or distribution amount.)

Employment Information

This section must be completed by an Authorized Representative from the Human Resources Retirement Division if this is your initial payout request.

Employer: City of Kansas City
Signature of Human Resources Retirement Division Authorized Representative:
Position and Title:
Date of Severance: Reason: <input type="checkbox"/> Retirement <input type="checkbox"/> Termination <input type="checkbox"/> Disability

NOTE: Only an Authorized Representative of the Human Resources Retirement Division may sign this form.

Payout Options

Any deferral received after the effective date of this payout will automatically be returned to the above noted participant. Rollovers into your account are held in a separate account and a distribution request must be submitted for each account. All funds will be withdrawn on a pro-rated basis across all investment options for each requested distribution. The only exception to this would be a hand written request indicating the specific funding option for the withdrawal. In situations where a rollover account exists, systematic withdrawal requests are distributed pro-rata from all accounts and may be subject to an early withdrawal penalty.

Please contact us at 866-350-KCMO(5266) to discuss whether your distribution may be subject to an early withdrawal penalty

Option 1 - Lump Sum: To receive a Lump Sum distribution, please select one option:

- 1.** Lump Sum for the entire account balance.
- 2.** Partial Lump Sum in the amount of \$ _____.
- If applicable, continue my systematic withdrawal.
- 3.** In-Service Withdrawal (account balance is less than \$5,000).

Payout Options (continued)

Option 2 - Systematic Withdrawal: All funds will be withdrawn on a pro-rated basis across all investment options. If you are currently receiving a systematic withdrawal, please note that all of your assets under the plan, including rollover accounts, will be included in your new systematic withdrawal election.

Frequency: Monthly Quarterly Semi-Annually Annually

1. Fixed Amount of \$ _____

Please check here if you would like to include the COLA (cost of living adjustment)

2. Fixed Period of _____ **years. (1-30)**

Recalculate Payment Amount Per Payment

Recalculate Payment Amount Annually

Please check one of the following options if you would to include an Assumed Growth Rate

3% 4% 5% 6% 7% 8% 9% COLA (cost of living adjustment)

4. Life Expectancy/Joint Life Expectancy

Life Expectancy - Payment amount calculated based on your life expectancy at time payments are initiated.

Joint Life Expectancy - Payment amount calculated based on joint life expectancy of you and your beneficiary at time payments are initiated.

Beneficiary's Date of Birth: _____

5. Lifetime/Joint Lifetime Payment

Lifetime - Payment amount recalculated annually based on your life expectancy at time of calculation.

Joint Lifetime - Payment amount recalculated annually based on joint life expectancy of you and your beneficiary at time of calculation.

Beneficiary's Date of Birth: _____

Required Minimum Distribution (Must be at least age 70½) (See The Details pages for additional information.)

Option 3 - Nationwide Purchased Annuities: Nationwide Purchased Annuities (Your election of a purchased annuity is irrevocable.) For questions about Nationwide Purchased Annuities, contact the Retirement Specialist at 866-350-KCMO(5266).

1. Single Life Annuity (No Beneficiary)*

Fixed Variable

2. Life Income with Payments Certain*

Fixed Variable

5 years 10 years 15 years 20 years 25 years 30 years

3. Joint and Survivor*

Fixed Variable

50% 66⅔% 75% 100%

4. Fixed Designated Period of _____ **years (3-20)**

5. Designated Amount of \$ _____.

*** Attach proof of date of birth for Life Annuity, Life Income and Joint & Survivor**

For Rollovers into an Individual Retirement Account (IRA) or another employer plan, please contact a Retirement Specialist by calling 866-350-KCMO(5266) for the appropriate forms.

Survivor: _____

Address: _____

City: _____ State: _____ ZIP: _____

SNN: _____ Phone Number: _____ Date of Birth: _____

Beneficiary Designation

Beneficiaries listed below replace any prior designation. **PLEASE NOTE:** If you do not indicate a percentage split, your benefit will be paid equally to all beneficiaries. Percentage split must be in whole percentages and must total 100%.

If additional space for beneficiaries is required, attach additional sheets and mark this box:

Trusts & charitable organizations require additional documentation, please see details.*

Primary Beneficiary (must total 100%):

Name	Relationship	Social Security #	Phone #
Address		Date of Birth	% Split

Contingent Beneficiary (must total 100%):

Name	Relationship	Social Security #	Phone #
Address		Date of Birth	% Split

Direct Deposit

You must include a voided check if your distribution is being sent to your checking account.

Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name of Financial Institution:	
Address:	Phone:
Account Number:	ABA Routing Number:

Note: Direct Deposit is only offered through members of the Automatic Clearing House (ACH).

Is this account associated with a brokerage firm or other investment firm? Yes No

If yes, have you confirmed that the ABA and account numbers are correct? Yes No

Overnight Check Option

By initialing this line, _____, I elect to overnight my payout check and I understand there is a \$25.00 charge to my account for this service. Checks cannot be sent overnight to P.O. Boxes

Certification

Under penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person.
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

Authorization

I certify that I have received and read the “Your Rollover Options” brochure. If I elect to receive this distribution before the end of the 30-day minimum notice period, my signature on this election shall constitute a waiver of my rights to the 30-day notice requirement.

Federal income tax will be withheld from your payments as required by the Internal Revenue Code. If you select a lump sum or systematic withdrawal lasting less than 10 years, 20% of the taxable portion of the distribution paid to you will be withheld for federal income taxes. State taxes will be withheld where applicable. State and federal taxes withheld will be reported on a form 1099R. Some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Participant or Beneficiary Signature:	Date:
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Form Return

Please return your completed form to:
Nationwide Retirement Solutions
PO Box 182797
Columbus, Ohio 43218



City of Kansas City, MO Deferred Compensation Program Payout Request Option Details

Partial Lump Sum Payment - This option provides for a single withdrawal in the amount requested (minimum of \$25.00) from the value of the account.

Lump Sum Payment - This option provides for the withdrawal of the full value of the account in a single payment

In-Service Withdrawals: This option allows for a one-time withdrawal of assets of \$5,000 or less, provided all of the following conditions are met: 1. You are still employed by the City, 2. your entire account balance under the Plan is \$5,000 or less, 3. you have taken no previous withdrawals of this type, and 4. you have not deferred to the account

Systematic Withdrawal Options - Your account is maintained on the Administrator's Accumulation System. Throughout the payout period, it continues to earn either recurrent interest in the fixed return or fund investment performance if in the variable return option. You will continue to receive quarterly statements. If your death occurs prior to the account exhaustion, your beneficiary will receive payments until the account is exhausted or a lump sum payment of the remaining account balance. All funds are withdrawn on a pro-rated basis.

Fixed Amount - This option allow you to choose a fixed payment amount (minimum of \$25.00) until your account is exhausted. You may elect to apply the Cost of Living Adjustment (COLA) to your payment amount. COLA rates are declared annually by the federal government and the rate applied to your payment will also update annually. COLA can be 0% for a given year and would not impact your payment amount in this instance. The final payment will be the balance of your account. In the year you obtain age 70 ½, if your payment is less than the minimum amount required under federal regulations, your payment amount will be increased. Please indicate the amount to be paid, your beneficiary, their relationship, their Social Security number and their birth date. Exchanges are permitted, subject to annual exchange limitations.

For example:

Participant dies prior to the exhaustion of the account. Beneficiary submits a claim and receives monthly payments until the account is exhausted or a lump sum payment of the remaining account balance.

Fixed Period: This option allows you to choose the number of years you will receive payments. You may elect to include an assumed growth rate equal to the Cost of Living Adjustment (COLA) or between 3-9% in the calculation. With an assumed growth rate, the growth rate is applied to your account balance when processing your initial withdrawal each year. This balance is divided by the number of years remaining on your withdrawal to determine your withdrawal amount for the current calendar year. You may also elect the frequency at which your payments are recalculated - annually or per payment. If you select an assumed growth rate the recalculation frequency must be annually. Your payment may fluctuate if some or all of your money is invested in the Variable Accounts or Mutual Fund Options. Please indicate the amount to be paid, your beneficiary, their relationship to you, their Social Security number and their birth date. Exchanges are permitted, subject to annual exchange limitations.

For example:

Participant dies prior to the exhaustion of the account. Upon their claim, the beneficiary receives monthly payments until the account is exhausted or a lump sum payment of the remaining account balance.

Single Life Expectancy: This option provides payments to last through your calculated life expectancy at the time the payments are initiated. The number of payments is not recalculated after the payments are initiated. The payment amount is recalculated annually. Your payment may fluctuate if some or all of your money is invested in the Variable Accounts or Mutual Fund Options. Please indicate your beneficiary, their relationship to you, their Social Security number and their birth date. Exchanges are permitted, subject to annual exchange limitations.

For example:

Participant's current age is 65 and life expectancy is 89. Payments will be calculated to last 24 years.

Joint Life Expectancy: This option provides payments to last through your and your beneficiary's calculated life expectancy at the time the payments are initiated. The number of payments is not recalculated after the payments are initiated. The payment amount is recalculated annually. Your payment may fluctuate if some or all of your money is invested in the Variable Accounts or Mutual Fund Options. Please indicate your beneficiary's date of birth, their relationship to you, and their Social Security number. Exchanges are permitted, subject to annual exchange limitations.

For example:

Participant's current age is 65 and beneficiary's age is 59. Participant's life expectancy is 89 and beneficiary's life expectancy is 90. Payments will be calculated to last 31 years

Single Lifetime: This option provides payments to last through your calculated life expectancy at the time the payments are initiated. The payment amount and number of payments is recalculated annually based on updated life expectancy tables. Your payment may fluctuate if some or all of your money is invested in the Variable Accounts or Mutual Fund Options. Please indicate your beneficiary, their relationship to you, their Social Security number and their birth date. Exchanges are permitted, subject to annual exchange limitations.

For example:

Participant's current age is 65 and life expectancy is 89. Payments will be calculated to last 24 years. Five years later, the life expectancy of the participant is changed to 91. Payments will be recalculated to last an additional 2 years

Joint Lifetime: This option provides payments to last through your and your beneficiary's calculated life expectancy at the time the payments are initiated. The payment amount and number of payments is recalculated annually based on updated life expectancy tables. Your payment may fluctuate if some or all of your money is invested in the Variable Accounts or Mutual Fund Options. Please indicate your beneficiary's date of birth, , their relationship to you, and their Social Security number. Exchanges are permitted, subject to annual exchange limitations.

For example:

Participant's current age is 65 and beneficiary's age is 59. Participant's life expectancy is 89 and beneficiary's life expectancy is 90. Payments will be calculated to last 31 years. Five years later, the life expectancy of the participant is changed to 91 and the life expectancy of the beneficiary is changed to 92. Payments will be recalculated to last an additional 2 years.

City of Kansas City, MO Payout Request Option Details

Required Minimum Distribution: A minimum distribution of your account is required to begin when you attain age 70 ½, unless you are still working. This payment option will only pay the minimum that is required to be paid to you each year. The amount that is required to be distributed will be calculated for each distribution year in accordance with proposed regulations under Section 401(a)(9) of the Internal Revenue Code. The Required Minimum Distribution (RMD) will usually be different for each year because of the changes in your account balance and the change in your life expectancy. This payment option is not available unless you have attained age 70 ½ and cannot be rolled over to another eligible retirement plan or IRA. Please indicate the amount to be paid (a minimum of \$25.00), your beneficiary, their relationship, their Social Security number and their birth date.

For example:

Annuitant dies prior to the exhaustion of the account. Beneficiary receives monthly payments until the account is exhausted or a lump sum payment of the remaining account balance.

Purchased Annuity Options: Your account is removed from the Administrator's Accumulation System and your account balance is used to purchase an annuity contract that you select. Purchase rates are subject to change monthly. However, once you have purchased an annuity, the benefit amount will remain the same for the life of the annuity (except for variable annuities). You will receive an annuity certificate stating the terms of the contract. You will no longer receive quarterly statements. (Not all plans have this option available. Please call your Retirement Specialist at 866-350-KCMO(5266) to confirm availability.)

Single Life Annuity: This option provides equal payments over your lifetime. At the participant's death, payments will stop. There is no named beneficiary. Attach proof of date of birth.

For example:

Annuitant dies after two payments are made - no death benefit payable.

Life Income with Payments Certain: This option provides payments for your lifetime. If you die before the selected number of guaranteed payments has been made, payments will continue to your named beneficiary until the total number of guaranteed payments (5, 10, 15, 20, 25, or 30 years) has been made to you and your beneficiary. If you die after the guaranteed number of payments has been made, no death benefit is payable. Please select a guaranteed period and indicate your beneficiary, their relationship, their Social Security number, their birth date, and attach proof of date of birth.

For example:

20 Years Certain - Annuitant dies in the 5th year.

Joint & Survivor: This option provides payments for you and your survivor for your lifetimes. Upon your death, payments will continue to survivor, if he or she is living. No other beneficiaries are permitted under this option. Payments to the survivor may be a percentage (50%, 66 2/3%, 75% 100%) of the original amount. Please name your survivor, their relationship, their Social Security Number and their date of birth on the lines provided and attach proof of date of birth for both you and your survivor.

For example:

Annuitant dies and survivor is still living. Survivor receives the monthly benefit for as long as they live at 50%, 66 2/3%, 75%, or 100% of the original amount. Annuitant dies and survivor is also deceased.

Fixed Designated Period: This option provides for payments for the number of years chosen. You may select any whole number of years between 3 and 20, inclusive. If you should die before the end of the period, payments will continue to the beneficiary. Please indicate the number of years to be paid and indicate your beneficiary, their relationship, their Social Security number and their birth date.

For example:

Annuitant dies prior to the end of the designated number of years. Beneficiary receives payments to the end of the designated period or an adjusted lump sum payment.

Designated Amount: This option provides for payments of a specified dollar amount, not less than \$25.00. The length of the payout is determined by the account value and a set purchase rate. If you should die before the annuity is exhausted, your beneficiary could either continue the payout or receive the remaining lump sum.

For example:

Annuitant dies before all annuity payments are received. Beneficiary receives payments to end of annuity amount or adjusted lump sum.

Beneficiary Designations: Percentage splits must be in whole numbers and total 100% for both primary beneficiaries and contingent beneficiaries. If no percentage is indicated for both primary and contingent beneficiary designations, the benefit will be paid to beneficiaries equally. **NOTE:** "Per stirpes" is not an accepted designation

Trusts:

- List the exact name and date of the trust (not the trustee)
- Attach title page, signature page and page naming the trustee

Charity Organization: Submit letter from the organization on their letterhead with the following contact information

- Contact person at the organization
- Contact Address
- Contact phone number
- Tax identification number