

**WITHDRAWAL REQUEST FOR 403(b), GOVERNMENTAL 457 & SPDA PLANS**

<b>Participant Information</b>	Name (first, middle initial, last)	Date of Birth	SSN
	Address (number and street, city, state, zip)		Phone No. (include area code)
	Employer's Name	Employer's Phone (include area code)	Account Number

**Withdrawal Qualification**

*The IRS restricts withdrawals from your account unless one of the following events has occurred. Please mark the one box that matches your circumstances.*

Separation from service      Date Separated: \_\_\_\_\_

Attainment of age 59½ (403(b) plans only)

Withdrawal of Pre-89 Salary Reduction Amounts (403(b) plans only)

Certified Financial Hardship – Sign and attach form LP-1088. The IRS limits the amount available for Financial Hardship. Contact your Plan Administrator to determine that amount. (403(b) plans only)

Disability – Sign and attach form LP-895

Unforeseeable Emergency – must be defined by the plan as a severe financial hardship of the participant. (Governmental 457 Plans only)

**Payment Information**

*Please select which method you would like your payment sent by.*

Regular mail to the address on the top of this form.

Regular mail to the following address: \_\_\_\_\_

Overnight mail and deduct the fee from my Account Balance. This will expedite mail delivery **ONLY**. Address must be a street address, no overnight delivery to a PO Box. **Signature required upon delivery.** Telephone number required above for overnight delivery.

Send my withdrawal directly to my financial institution via wire transfer and deduct the fee from my Account Balance. **Must attach a voided check.** Please include the phone number of your financial institution if it is not provided on the check. \_\_\_\_\_

**Withdrawal Request**

Requested Withdrawal Amount: \$ \_\_\_\_\_ or \_\_\_\_\_ %       Please pay my outstanding loan balance from my account (available if you are over 59½ or are separated from service).

Select the product from which the withdrawal will be taken:

Custom 5     Custom 7     QPA III     QPA III Plus     Preference     Preference FP

Resource B     Spinnaker®     Spinnaker Plus     Spinnaker Advisor     Spinnaker Group

Spinnaker Choice     Flex Premium Plus     FSFP Solutions Plus     Mutual Fund

Fixed Indexed Annuity     Focus     Other \_\_\_\_\_

- Your payment will be made proportionately from all funds within the product selected above unless otherwise indicated below.
- Payment amounts may be subject to the minimum fund balances as stated in your contract.

Specify the fund(s) or sub-accounts from which the withdrawal should be taken and designate the dollar amount or percentage to be taken from each fund:

_____	Fund Name	_____	\$ or %
_____	Fund Name	_____	\$ or %
_____	Fund Name	_____	\$ or %
_____	Fund Name	_____	\$ or %

<b>Federal Income Tax Withholding</b>	<input type="checkbox"/> <b>I certify that I have read and understand the Special Tax Notice provided to me.</b> <b>Federal Income Tax Withholding Election:</b> Withdrawals taken prior to age 59½ may be subject to a 10% Excise Tax. Federal Law requires the payor (Symetra) to withhold a mandatory 20% of any Eligible Rollover Distribution. <input type="checkbox"/> Take my withholding from the amount requested above so that my net check is reduced by the amount of taxes withheld. <input type="checkbox"/> Take my withholding from the remaining account balance so that my net check after withholding equals the withdrawal amount requested, provided I have sufficient funds to do so. <input type="checkbox"/> Take no withholding from my payment. Withdrawals taken for a Financial Hardship/Unforeseeable Emergency or in a series of payments that will last 10 or more years are exempt from mandatory withholding. <b>This option is not available to clients over 59½ or separated from service.</b> If a box is not selected, taxes will be withheld from the amount requested.							
<b>State Income Tax Withholding</b>	<b>State Income Tax Withholding Election:</b> CA, GA, IA, KS, MA, ME, NE, OK, OR, VT, and VA are mandatory withholding states for state income tax. State tax is required to be withheld if Federal Tax Withholding is elected and will be withheld according to state requirements. <input type="checkbox"/> State Tax is not applicable to my state of residence. <input type="checkbox"/> Do not withhold State Taxes. <input type="checkbox"/> Withhold State Taxes equal to \$ _____ or _____ % of Federal Taxes withheld <input type="checkbox"/> Withhold State Taxes equal to \$ _____ or _____ % of Taxable Amount withdrawn							
<b>Participants Age 70½ and Older</b>	Please select one of the options below regarding the withdrawal amount requested. Withdrawals taken after age 70½ to satisfy your annual Required Minimum Distribution (RMD) are exempt from the 20% mandatory withholding. However, withdrawals exceeding RMD are not. <input type="checkbox"/> This request is a withdrawal in addition to my current Required Minimum Distribution and subject to mandatory withholding. <input type="checkbox"/> This is my notification to Symetra that RMD is calculated outside of Symetra. The withdrawal amount requested will satisfy my Symetra RMD as well as additional RMDs I am required to take outside of Symetra, therefore mandatory withholding is not required. <input type="checkbox"/> A portion of this request is in excess of my RMD for the current year. Please withdraw taxes on the excess amount requested of \$ _____.							
<b>Certification and Signatures</b>	I understand that I am personally responsible for any income tax implications of my withdrawal. I also understand Symetra's standard processing time is 5 business days from receipt by Symetra, providing my paperwork is in good working order and includes the Plan Administrator's signature.  <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Participant's Signature _____</td> <td style="border: none;">Date _____</td> <td style="border: none;">Plan Administrator's Authorization _____</td> <td style="border: none;">Date _____</td> </tr> </table> <p><b>Signature below required for plans subject to ERISA - Spousal Consent is REQUIRED if participant is considered married under state law.</b></p> <p>Payments to married participants must be paid in the form of a Joint and Survivor Annuity unless the total value of the participant's vested benefit is less than \$5,000 or, if the vested benefit is \$5,000 or greater, and the participant elects AND the spouse consents to an alternate type of distribution. I hereby agree to the non-Joint and Survivor type of distribution and I understand that after the death of my spouse, I will receive no additional payments other than any balance remaining in my spouse's account in the plan.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Spouse's Signature (required for ERISA plans) _____</td> <td style="border: none;">Date _____</td> <td style="border: none; text-align: right;"><input type="checkbox"/> I am not married</td> </tr> </table>	Participant's Signature _____	Date _____	Plan Administrator's Authorization _____	Date _____	Spouse's Signature (required for ERISA plans) _____	Date _____	<input type="checkbox"/> I am not married
Participant's Signature _____	Date _____	Plan Administrator's Authorization _____	Date _____					
Spouse's Signature (required for ERISA plans) _____	Date _____	<input type="checkbox"/> I am not married						

For Home Office Use Only	
Effective Date	_____
Federal Withholding	_____
State Withholding	_____
Net Check Amount	_____
TransRef #	_____
ALD TransRef #	_____
OFAC	<input type="checkbox"/>
Statement Code	<input type="checkbox"/>
Signature Verification	<input type="checkbox"/>
Servicer ID/Initials:	_____
Approval:	_____