

OUTGOING ROLLOVER/TRANSFER/EXCHANGE REQUEST FIXED/VARIABLE ANNUITIES - INSTRUCTIONS

ReliaStar Life Insurance Company (Home Office: Minneapolis, MN)
ReliaStar Life Insurance Company of New York (Home Office: Woodbury, NY)
(the "Company")
Members of the *Voya™* family of companies
Customer Service: PO Box 5050, Minot, ND 58702-5050
Phone: 877-884-5050



Use this form to request a rollover, transfer, or exchange to another company. Please follow instructions to avoid delays in processing your request. A distribution is a tax reportable event that may not be reversed. Check boxes are provided below to guide you as you complete each section of the form.

GOOD ORDER

Please refer to this section of the form for important information. For Employee Retirement Security Income (ERISA) plans only, complete and attach a Spousal Consent form.

RETURN COMPLETED FORMS

Complete the form and mail or fax it to the Customer Service. Choose only one submission method. Multiple submissions may result in processing delays and/or duplicate withdrawals.

CONTRACT OWNER INFORMATION

Please print clearly and complete the information requested in its entirety. If you are an Alternate Payee you are not required to complete this section.

ALTERNATE PAYEE INFORMATION

Complete this section if you are an Alternate Payee requesting a withdrawal due to a Qualified Domestic Relations Order.

ACCOUNT YOU ARE MOVING ASSETS TO

Please complete the information requested in its entirety. A letter of acceptance from the recipient institution is required.

WITHDRAWAL AMOUNT

Select option A or B and specify the applicable dollar amount or percentage. The Amount Available Free of Withdrawal Charge option refers to the free amount as defined by the contract or prospectus. Please review your contract and/or prospectus for detailed information regarding withdrawal charges and other withdrawal provisions.

Withdrawal Charge/Market Value Adjustment Acknowledgement – A withdrawal charge and/or MVA of **\$500 or more** must be acknowledged in section 4. If not provided on the form, your request will be returned for completion and re-submission.

VARIABLE ANNUITY FUND SELECTION

If you have a variable annuity contract and wish to have your partial withdrawal from a specific investment option, you may do so by specifying in this section.

REASON FOR WITHDRAWAL

Complete this section if the contract is a 403(b) or 401(a) and you are selecting a Direct Rollover or if the withdrawal is subject to a waiver of withdrawal charge due to termination of employment as defined by the contract or prospectus. Also, complete this section if a loan(s) will be paid with amounts deducted from your contract value.

DISBURSEMENT TYPE

Select only one option from the available types of distributions.

REQUIRED MINIMUM DISTRIBUTION (RMD)

Complete this section if your contract is subject to a Required Minimum Distribution.

TAX WITHHOLDING

Please read the Tax Withholding section carefully for important information. Read the attached State Income Tax Withholding Notification to determine your available state withholding options.

CONTRACT OWNER, SPOUSE AND ALTERNATE PAYEE SIGNATURES, ACKNOWLEDGEMENTS AND TAX WITHHOLDING CERTIFICATION

The Owner's or Alternate Payee's, and if applicable the Joint Contract Owner and/or Spouse's signature is required on Page 6. If the Owner lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), the Spouse's signature is required.

EMPLOYER, PLAN SPONSOR OR NAMED FIDUCIARY AUTHORIZED SIGNATURE AND CERTIFICATION AND THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION

All 403(b) and 401(a) withdrawals will require signature and certification by your Employer or an authorized Third Party Administrator with few exceptions. Please contact your Employer, Plan Administrator, or TPA for their signature and certification in section 11 and/or 12 before submitting your form.

Reminder: Mail or fax your completed form to Customer Service. Keep a copy for your records.

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GOOD ORDER

All transactions will be processed upon completion and receipt of this form and any other required document in good order. Good order is defined as receipt of any required information by Customer Service accurately and entirely completed, with any applicable signatures. If this form is not received in good order, including any required Employer, Plan Sponsor, or Third Party Administrator signature, it may be returned to you for correction and re-submission. If additional required documents are not properly executed and received within 30 days of receipt of the initial documentation, the entire submission will be closed and new paperwork will be required. To allow adequate time for processing and reporting of your distribution in the current tax year, please return this form in good order by December 15. Sections 11 and 12 are not applicable to IRA or Non-qualified annuity contracts. For ERISA plans only, complete and attach a Spousal Consent form.

RETURN COMPLETED FORMS

Choose only one submission method. Multiple submissions may result in processing delays and/or duplicate withdrawals.

Important Note: All 403(b) and 401(a) distributions will require signature and certification by your Employer or an authorized Third Party Administrator in Section 11 or 12 with few exceptions. Please contact your Employer or Plan Administrator for their signature and certification before submitting your form to the following address or fax number.

Regular Mail:

Customer Service
PO Box 5050
Minot, ND 58702-5050

Overnight Delivery:

Customer Service
2000 21st Ave. NW
Minot, ND 58703

Fax:

Customer Service
Toll-Free Fax: 800-382-5744

1. CONTRACT OWNER INFORMATION *(Please print.)*

Contract Number **(Required)** _____ *(Financial transactions require a separate form for each contract.)*

Contract Owner Name **(Required)** _____ SSN **(Required)** _____

Address **(Required)** _____

City _____ State _____ ZIP _____ Phone _____

Check here if you would like us to update your address on file.

Joint Contract Owner Name _____ SSN **(Required)** _____

2. ALTERNATE PAYEE INFORMATION *(Please print.)*

Complete this section if you are an alternate payee requesting a withdrawal due to a Qualified Domestic Relations Order.

Contract Number **(Required)** _____

Alternate Payee Name **(Required)** _____ SSN **(Required)** _____

Address **(Required)** _____

City _____ State _____ ZIP _____ Phone _____

3. ACCOUNT YOU ARE MOVING ASSETS TO

A letter of acceptance is required from this financial institution.

Financial Institution Name **(Required)** _____

Advisor/Agent Name **(Required)** _____

Note: Please print. If illegible or incomplete, your request will be returned for completion and re-submission.

4. WITHDRAWAL AMOUNT (Select A. or B.)

Minimum withdrawal limits apply. Any withdrawal may be subject to a withdrawal charge and/or positive or negative market value adjustment (MVA). Please refer to your contract for more detailed information regarding the impact of withdrawals from your annuity.

- A. Partial Withdrawal (Select one. Partial amounts are not available for a Non-Qualified contract.)**
- Specific Dollar Amount \$ _____
 - Percentage of Contract Value _____ %
 - Amount Available Free of Withdrawal Charge \$ _____ (If no amount is provided, the maximum amount available with no withdrawal charge will be withdrawn. If the full contract value is available free of withdrawal charge and no amount is provided, a full withdrawal will be processed.)
 - Maximum Partial Withdrawal Leaving Account Active (Following a partial withdrawal, the remaining contract value must be at least the amount specified in the contract.)
- B. Full Withdrawal**

Note: Prior to processing a full withdrawal, all loans will be paid with amounts deducted from your contract value. An eligible Reason for Distribution must be selected in section 6.

If you qualify for a withdrawal and the amount available for distribution is enough to cover a) the entire outstanding loan(s) (principal plus accrued interest), and b) any withdrawal charge due and Market Value Adjustment (MVA) if applicable on the outstanding loan balance, then the sum of a) and b) is deducted from your Contract Value and the loan is canceled. The outstanding principal loan balance and accrued interest, if not previously reported, will be reported to the IRS as a taxable distribution on IRS Form 1099-R.

A withdrawal to repay an active loan is considered taxable income. Mandatory 20% federal income tax withholding applies. If applicable, any mandatory state tax will also be withheld. Consult your tax advisor for additional information.

If you do not qualify for a withdrawal or the amount available for distribution is not enough to cover your loan(s), the outstanding loan(s) will be left on the contract and it will be your responsibility to continue making loan repayments.

If you are requesting a direct rollover and your contract has an associated loan previously reported as a taxable distribution, any loan payments made after the default date are considered loan cost basis and will be sent directly to you. The remainder of your contract's value will be sent to the receiving carrier, pursuant to your request.

Withdrawal Charge/Market Value Adjustment Acknowledgement

\$ _____ **Amount of Withdrawal Charge and/or Market Value Adjustment incurred for the withdrawal**

Note: Prior to processing your request, we require written acknowledgement of any withdrawal charge and/or market value adjustment of \$500 or more. If not provided, your request will be returned for completion and re-submission.

5. VARIABLE ANNUITY FUND SELECTION

Amounts will be withdrawn from each investment option on a pro rata basis. If, however, you wish to have your partial withdrawal from a specific investment option, you may do so by specifying below. Each percentage must be rounded to the nearest whole percent (Example: 15%, not 15.5%).

Fund Name	Fund #	Amount Or %	Fund Name	Fund #	Amount Or %

6. REASON FOR WITHDRAWAL (Select all that apply.)

Complete this section if you select a Direct Rollover in section 7 or if a loan(s) will be paid with amounts deducted from your contract value.

Some 403(b) products provide a waiver of the withdrawal charge if the contract is at least five years old and you terminate from employment after the age of 55. See your contract provisions, and if applicable, select and complete B. below. Employer, third party administrator, or aggregator signature and certification is required.

- A. Attainment of Age 59 1/2
- B. Termination of Employment - Date of termination: _____ Prior to Age 55 On or After Age 55
- C. Disability (as defined by Internal Revenue Code Section 72(m)(7))
- D. Payment to an alternate payee under a plan approved Qualified Domestic Relations Order
- E. Plan Termination (The Company must have prior notice of your Employer's intent to terminate the 403(b) Plan.)
- F. Qualified Reservist Distribution (as defined by Internal Revenue Code Section 403(b)(11)(C) for distributions to which section 72(t)(2)(G) applies)

7. DISBURSEMENT TYPE (Select one option.)

A Letter of Acceptance from the recipient institution is required for the following options. See the Special Tax Notice concerning your election.

- OPTION A: 403(b) or ROTH 403(b) CONTRACT EXCHANGE** - The following contract exchanges are not subject to federal or state income tax withholding or reporting.
1. 403(b) to 403(b) Contract Exchange (*Change of investments in your current employer's plan.*)
2. Roth 403(b) to Roth 403(b) Contract Exchange (*Change of investments in your current employer's plan.*)
- OPTION B: 403(b) or ROTH 403(b) PLAN TO PLAN TRANSFER** - The following transfers are not subject to federal or state income tax withholding or reporting.
1. 403(b) to 403(b) Transfer (*Transfer to a different employer's plan.*)
2. Roth 403(b) to Roth 403(b) Transfer (*Transfer to a different employer's plan.*)
3. 403(b) Transfer to **Purchase Years of Service** in a Governmental Defined Benefit Retirement System
- OPTION C: DIRECT ROLLOVER** - A direct rollover is an eligible withdrawal paid directly from one financial institution to another that does not qualify as one of the above transfers. The following rollovers are not subject to federal or state income tax withholding, but are subject to reporting. **If you select 1, 3 or 4 below, please also complete section 6.**
1. **Direct Rollover of 403(b) to:**
- 403(b) Traditional IRA/SEP IRA 401(a) 401(k) Governmental 457(b) Roth IRA¹
2. **Direct Rollover of Traditional IRA/SEP IRA to:**
- 403(b) 401(a) 401(k) Governmental 457(b)
3. **Direct Rollover of Designated Roth² to:**
- Designated Roth Roth IRA
4. **Direct Rollover of 401(a)³ to:**
- Traditional IRA/SEP IRA 403(b) 401(a) 401(k) Governmental 457(b) Roth IRA¹
- OPTION D: IRA TRANSFER** - The following transfers are not subject to federal or state income tax withholding or reporting.
1. Transfer of Roth IRA to Roth IRA
2. Transfer of Traditional IRA/SEP IRA to Traditional IRA/SEP IRA
- OPTION E: NON-QUALIFIED 1035 EXCHANGE** - Only a **Full Withdrawal** may be selected in section 4. Assignment form from receiving company is required.

¹If you directly roll over a pre-tax distribution of a 403(b), Governmental 457(b) or 401 qualified plan to a Roth IRA, the taxable portion of the distribution is subject to taxation for the taxable year in which the rollover distribution occurs. Amounts directly rolled to a Roth IRA cannot be returned to the eligible retirement plan at the Company. We are not responsible for any lost investment opportunities that may result from a failed direct rollover or transfer.

²A Designated Roth account is a Roth account held under a 401(k), 403(b) or governmental 457(b) plans.

³A 401(a) account includes HR10 plans.

8. REQUIRED MINIMUM DISTRIBUTION (RMD)

If your contract is subject to a Required Minimum Distribution, it will be distributed prior to the requested transaction unless you check the box below.

- Do NOT distribute the current year's RMD. The requirement for this ReliaStar IRA will be met through another IRA or the requirement for this ReliaStar 403(b) will be met through another 403(b).

9. TAX WITHHOLDING *(Complete only if an RMD distribution is being processed or you wish to voluntarily elect withholding on a Rollover from a Qualified Retirement Plan to a Roth IRA.)***Federal Withholding**

Regardless of whether or not federal or state income tax is withheld, you are liable for taxes on the taxable portion of the payment. If you do not have a sufficient amount withheld, you may be subject to tax penalties under the Estimated Tax Payment rules. An election made for a single non-recurring distribution applies only to the payment for which it is being made. For recurring payments, your withholding election will remain in effect until it is changed or revoked. You may change or revoke your election at any time prior to a payment being made by submitting IRS form W-4P. U.S. persons having their payment delivered outside the U.S. or its possessions may not make an election of NO withholding. In this case, if you choose no withholding, the default rate will be applied. Non-resident aliens are subject to a mandatory 30% withholding rate unless they are eligible for a reduced rate or exemption under a tax treaty and the required documentation is submitted.

Eligible rollover distribution – 20% withholding: *(See the attached Special Tax Notice.)* Distributions you receive from qualified pension or annuity plans that are eligible to be rolled over tax free to an IRA or another qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required, and you cannot choose not to have income tax withheld from eligible rollover distributions. You may elect withholding in excess of the mandatory 20% rate.

Non-periodic payments – 10% withholding: Non-periodic, non-rollover eligible payments from pensions, annuities, IRA's and life insurance contracts are subject to a flat 10% federal withholding rate unless you choose not to have federal income tax withheld. These include for example, required minimum distributions, hardship withdrawals, and distributions from IRA's that are payable on demand. You can choose not to have withholding applied to your non-periodic distribution by checking the applicable box below. You may also elect withholding in excess of the flat 10% rate.

Federal Withholding Instructions:

- DO NOT** withhold any federal income tax unless mandated by law
- DO** withhold federal taxes

Additional amount you want withheld from your payment(s) \$ _____ *(Note: This amount is in addition to the standard federal withholding rate applicable to your distribution.)*

State Withholding Instructions:

My residence state for tax purposes is: _____

- DO NOT** withhold any state income tax unless mandated by law.
- DO** withhold state taxes in the amount of \$ _____ or _____% ***(If you make this election, a dollar amount or percentage must be specified and cannot be less than any required withholding.)***

If you do not make an election or if your state requires a greater amount of withholding, we will withhold at the rate specified by your state of residence for the type of payment you are receiving. In some cases, your state specific withholding election form is required to opt out of withholding or to choose a rate other than the state's default rate. Refer to the attached State Income Tax Withholding Notification and/or your State Department of Taxation for details.

10. CONTRACT OWNER, SPOUSE AND ALTERNATIVE PAYEE SIGNATURES, ACKNOWLEDGEMENTS AND TAX WITHHOLDING CERTIFICATION

Under penalties of perjury, I declare that I have examined the tax withholding for state and federal purposes and to the best of my knowledge and belief it is true, correct and complete, including state and federal opt out elections, as applicable.

By signing this form, I acknowledge and accept the following conditions:

- I affirm that I am the owner or beneficiary of the listed ReliaStar contract and I authorize this transaction.
- The information provided is complete and accurate.
- I hold ReliaStar harmless from any income or excise tax liability, including penalties and interest, as a result of this transaction.
- I direct ReliaStar to send the requested payment to the address provided by the receiving institution named in section 3. If such payment is returned for any reason, I affirm that ReliaStar is not responsible for any lost investment opportunities that may result from failed direct rollovers, transfers or 1035 Exchanges.
- I acknowledge that maintenance fees, early withdrawal charges, and/or market value adjustments may be imposed on the account value of my annuity contract prior to this transaction and that it may not be in my best interest to begin a new surrender charge schedule.

403(b) Contracts ONLY

- ReliaStar does not rollover/transfer outstanding TSA loan balances. If there is an outstanding TSA loan balance and you do not qualify for a withdrawal or the amount available for distribution is not enough to cover your loan(s), the outstanding loan(s) will be left on the contract and it will be your responsibility to continue making loan repayments..
- If I am currently receiving a series of substantially equal payments (*in accordance with IRC 72(q)(t)*), this transfer/rollover may modify my original agreement and result in a substantial IRS penalty.
- Direct Transfer/Exchange: This transaction is intended to qualify as an 'exchange or transfer' under the final 403(b) regulations.
- Direct Rollover:
 - This transaction is intended to qualify as a tax-free rollover under Section 402(c)(8) of the Internal Revenue Code.
 - I have received the "Special Tax Notice" and I understand that I have the right to consider the decision of whether or not to consent to a distribution and/or to elect a direct rollover for at least 30 days. I further understand that if I submit this rollover request before this 30-day period expires, I will have waived these rights.

If this contract is subject to Employee Retirement Income Security Act (ERISA), I have included a completed Spousal Consent.

I, the Participant, certify that the information provided on the Spousal Consent (if applicable) is accurate. I further certify that if I have indicated that I am legally separated or abandoned, I have the necessary court order. I understand that if I receive a payment as a complete or partial withdrawal of my account (*other than a joint and survivor annuity*), the value of benefits payable to my Spouse either under a QPSA or QJSA will be reduced or eliminated. I understand that once payment representing complete or partial withdrawal of my account has been made, my election to waive QPSA and QJSA is irrevocable with respect to the value of amounts paid pursuant to my request.

I understand that the Company reserves the right to directly or through a third party recover any payments made in excess of amounts to which I am entitled under the terms of the Contract regardless of the method of payment.

10. CONTRACT OWNER, SPOUSE AND ALTERNATIVE PAYEE SIGNATURES, ACKNOWLEDGEMENTS AND TAX WITHHOLDING CERTIFICATION *(continued)*

TAX RESIDENCY INFORMATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; 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 (including U.S. resident alien) *(as defined in the instructions for IRS form W-9)*.
(If you are subject to back-up withholding, you must strike through statement number 2.)

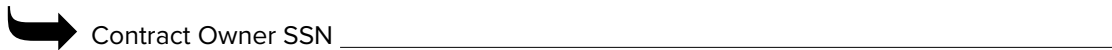
If you are not a U.S. citizen or other U.S. person, please check the box below to indicate your status as a Non-Resident Alien.

- Non-Resident Alien *(Must submit an original IRS Form W-8BEN or other applicable form W-8.)*
As a non-resident alien, your taxable income is subject to 30% U.S. federal tax withholding unless tax treaty provisions can be applied. If you are eligible to claim tax treaty benefits, your IRS form W-8 must include a U.S. taxpayer identification number in Part I and all applicable fields in Part II must be completed. A U.S. taxpayer identification number may be applied for by submitting a Form W-7 to the Internal Revenue Service (IRS). IRS forms W-8 and W-7 are available on their web site www.irs.gov or by contacting them at 800-829-1040.

I certify that I have received and understand the Special Tax Notice and, if applicable, waive the 30 day notice requirement.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications *(in bold above)* required to avoid backup withholding.

 Contract Owner Signature _____ Date _____

 Contract Owner SSN _____

 Joint Contract Owner Signature _____ Date _____

 Joint Contract Owner SSN _____

 Alternate Payee Signature _____ Date _____

If the Owner lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), the spouse's signature is required.

 Signature of Spouse _____ Date _____

IMPORTANT NOTICE: PLEASE NOTE THAT A DISTRIBUTION IS A TAX REPORTABLE EVENT THAT MAY NOT BE REVERSED.

Please note that duplicate requests for distribution, such as a fax followed by a mailed original, may result in multiple distributions. The Company will not be responsible for any gain/loss or charges that arise from multiple submissions.

11. EMPLOYER, PLAN SPONSOR OR NAMED FIDUCIARY AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed by the Employer or its designee if required by a contract between the Company and the Employer.

I am an Employer, Plan Sponsor, or Named Fiduciary of the Plan identified above and certify the following:

- I have read and agree to the terms of the requested withdrawal;
- I have verified the Participant's eligibility for such withdrawal and have not relied solely on information provided by the Participant in this form in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document;
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Participant to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me; and
- I have amended my Plan document to reflect all applicable federal tax legislation and IRS guidance, including the Pension Protection Act of 2006, in accordance with the IRS's remedial amendment period.

Employer Name _____

Authorized Signer Name *(Please print.)* _____

 Signature _____ Date _____

12. THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed if required by the Employer.

I am employed as a Third Party Administrator of the Plan identified above and certify the following:

- I have read and agree to the terms of the requested withdrawal;
- I have verified the Participant's eligibility for such withdrawal and have not relied solely on information provided by the Participant in this form in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document; and
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Participant to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me.

Name of TPA Firm _____

Authorized Signer Name *(Please print.)* _____

 Signature _____ Date _____

STATE INCOME TAX WITHHOLDING NOTIFICATION

401, 403(b), 408 and Governmental 457 Plan Distribution



NOTIFICATION

If you are a resident of Arkansas, California, Delaware, District of Columbia, Georgia, Iowa, Kansas, Maine, Maryland¹, Massachusetts, Michigan, Nebraska², North Carolina³, Oklahoma, Oregon, Vermont, or Virginia¹, your state requires state income tax withholding on the taxable portion of your distribution from your 401, 403(b), 408 Individual Retirement or Governmental 457 Plan. This state income tax withholding is in addition to the mandatory 20% (or, in some cases, 10%) federal income tax withholding. Please note, when a state cost basis differs from federal, the federal cost basis will be used in determining taxability for state income tax withholding purposes.

- If you are a resident of **California** or **Oregon** state income tax withholding will be calculated **unless** you elect “out” of state income tax withholding.
- If you are a resident of **Arkansas**, **North Carolina**³ or **Vermont**, state withholding will be automatically calculated when federal income tax withholding applies. If you do not elect “out” of 10% federal income tax withholding, you can still choose to elect out of state withholding. Requesting North Carolina withholding over mandatory amounts requires their Form NC-4P, Withholding Certificate for Pension or Annuity Payments.
- If you are a resident of **Iowa**, **Maine**, **Massachusetts**, **Nebraska**², or **Oklahoma**, state income tax withholding will be automatically calculated as these states do not allow an election “out” of state income tax withholding when federal income tax withholding applies.
- If you are a resident of **Delaware**, **Kansas** or **Maryland**¹ and are subject to mandatory 20% federal income tax withholding, state income tax withholding will be automatically calculated. State withholding is not required when 10% federal income tax withholding applies.
- If you are a resident of **Virginia**¹ or **Michigan**, state income tax withholding will be calculated automatically **unless** you meet certain criteria and claim an exemption from withholding. To claim an exemption or to request withholding over mandatory amounts, complete Form VA-4P for Virginia or Form MI-W4P for Michigan, and return the appropriate form to us with, and to the same designated location as, your Withdrawal Request.
- If you are a resident of the **District of Columbia** and are receiving a total distribution of your account balance, state income tax withholding will be automatically calculated. State withholding is not required for partial distributions.
- If you are a resident of **Georgia** and are receiving periodic payments, state income tax withholding will be automatically calculated unless you elect out.

¹Maryland and Virginia state income tax withholding is not required for distributions from 408 Plans.

²Nebraska state income tax withholding is not required for premature distributions from 408 Plans.

³North Carolina does not apply to distributions from NC state and local government or federal retirement systems for those vested as of 8/12/89.

KEEP A COPY FOR YOUR RECORDS