

1. PLAN INFORMATION (Please print)

EMPLOYER NAME: _____

SCHOOL DISTRICT PLAN NUMBER: _____

(Can be found on your quarterly statement.)

403(b) 457

NAME: _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____

2. WITHDRAWAL AMOUNT

- Withdraw 100% of my account to the extent permitted under the CalSTRS Pension2 product(s).
 Withdraw a portion of my account, based on the sources indicated below. (Source names can be found on your quarterly statement.)

Employee Employer Rollover Other _____
\$ _____ or _____ % \$ _____ or _____ % \$ _____ or _____ % \$ _____ or _____ %

- If no election is made, we will withdraw 100% and close your account.
- If the amount available for withdrawal is less than the dollar amount you are requesting, the transaction will be processed for the maximum amount available. I understand that the withdrawal amount elected above may be subject to contractual limitations under the CalSTRS Pension2 product(s). If such contractual limitation applies, my election will be applied to the withdrawal amount available under the CalSTRS Pension2 product(s).

3. WITHDRAWAL ELECTIONS FOR NON ROTH ACCOUNTS

Letter of Acceptance is required unless (1) request is signed by Employer, OR (2) by special contract between the Company and the Employer.

INTERNAL Voya TO Voya PLAN TRANSFER/EXCHANGE form should be completed for transfers within Voya.

Withdrawal Type

- 403(b) Contract Exchange** - A participant (or, if applicable, a beneficiary maintaining the 403(b) account) directing the investment of some or all of the participant account to another approved vendor under the school district's 403(b) plan. As a tax-free transfer, this transaction does not generate federal income tax withholding or information reporting.
- Plan to Plan Transfer** - A participant, (or, if applicable, a beneficiary maintaining the participant account under the applicable plan of the school district) directs some or all of the participant's account out of your existing plan established under a specific IRC section to another plan that is also maintained under that same IRC Section (e.g., 403(b) to another 403(b), governmental 457(b) to another governmental 457(b)). Note that a plan-to-plan transfer among a governmental 457(b) plan and a nonprofit 457(b) plan is prohibited under IRS rules. As a tax-free transfer, this transaction does not generate federal income tax withholding or information reporting.

4. WITHDRAWAL ELECTIONS FOR ROTH ACCOUNT

Letter of Acceptance is required unless (1) request is signed by Employer, OR (2) by special contract between the Company and the Employer. INTERNAL Voya PLAN TO Voya PLAN TRANSFER/EXCHANGE form should be completed for transfers within Voya.

Withdrawal Type

- 403(b) Contract Exchange** – A participant, (or, if applicable, a beneficiary maintaining the 403(b) account) is directing the investment and some or all of the participant account to another approved vendor under the school district’s 403(b) plan. As a tax-free transfer, this transaction does not generate federal income tax withholding or information reporting.
- Plan to Plan Transfer** – A participant, (or, if applicable, a beneficiary maintaining the participant account under the applicable plan of the school district) directs some or all of the participant’s account out of your existing plan established under a specific IRC section to another plan that is also maintained under that same IRC Section (e.g., 403(b) to another 403(b), governmental 457(b) to another governmental 457(b)). Note that a plan-to-plan transfer among a governmental 457(b) plan and a nonprofit 457(b) plan is prohibited under IRS rules. As a tax-free transfer, this transaction does not generate federal income tax withholding or information reporting.

5. EXCHANGE / TRANSFER PAYEE INSTRUCTIONS FOR NON ROTH ACCOUNTS

Payment Instructions

Check is to be made payable to _____
(Custodian of the Investment Provider of the Plan to receive the benefit.)

For the benefit of _____ Account #: _____

Mailing Instructions

Street Address/PO Box: _____

City: _____ State: _____ Zip: _____

Additional Instructions: _____

6. EXCHANGE / TRANSFER PAYEE INSTRUCTIONS FOR ROTH ACCOUNT

Payment Instructions

Check is to be made payable to _____
(Custodian of the Investment Provider of the Plan to receive the benefit.)

For the benefit of _____ Account #: _____

Mailing Instructions

Street Address/PO Box: _____

City: _____ State: _____ Zip: _____

Additional Instructions: _____

7. IMPORTANT NOTICE

This notice contains important information you will need before you decide how to receive your benefits.

All withdrawals from your current account may be subject to any applicable contractual fees, charges and fixed account withdrawal restrictions in accordance with the terms of applicable product prospectuses, product information booklet and/or annuity contract.

Tax-free exchanges / transfers are permitted between and among 403(b)(1) annuity contracts and 403(b)(7) custodial accounts. However, the following requirements must be met.

Early distribution restrictions - different early distribution restrictions apply to 403(b)(1) annuity contracts and 403(b)(7) custodial accounts. Generally, the rules that apply to the 403(b)(7) custodial accounts are more stringent.

When money is exchanged/transferred from a 403(b)(1) annuity contract to either another 403(b)(1) annuity contract or to a 403(b)(7) custodial accounts the same or more stringent rules will apply to the exchanged/transferred amounts. Amounts exchanged/transferred from a 403(b)(7) custodial account to another 403(b)(7) custodial account or to a 403(b)(1) annuity contract must continue to be subject to the original early distribution restrictions set forth in Internal Revenue Code section 403(b)(7)(A)(ii).

Checks - Checks must be made payable to the company issuing the 403(b)(1) annuity contract or the custodian of the 403(b) (7) custodial account receiving the exchange/transfer.

You may wish to consult your legal or tax advisor before submitting this request.

8. SPECIAL INSTRUCTIONS (Please indicate special instructions or circumstances unique to your individual request below.)

9. PARTICIPANT AUTHORIZED SIGNATURE AND CERTIFICATION

I, the Participant, certify that I have read the Terms and Conditions section appearing on the cover page of the request and agree to its provisions. I also agree with any information that has been pre-filled. I understand that the withdrawal amount elected above may be subject to contractual limitations under the CalSTRS Pension2 product(s). If such contractual limitation applies, my election will be applied to the withdrawal amount available under the CalSTRS Pension2 product(s).

Those signing the form may rely conclusively on all information, including this certification, in processing this 403(b) Exchange/Transfer Withdrawal Request. In the case of any conflicting information, CalSTRS Pension2 is entitled to rely exclusively on the information contained in this 403(b) Exchange/Transfer Withdrawal Request.

PARTICIPANT SIGNATURE _____ **DATE** _____/_____/_____

PARTICIPANT SSN _____

Your form will NOT be processed without Participant SSN completed.

PLEASE REVIEW YOUR APPLICATION CAREFULLY. HAVE YOU?

- Completed the Plan and Participant Information.
- Elected the Withdrawal Amount.
- Elected Non Roth Withdrawal Type.
- Elected Roth Withdrawal Type.
- Signed and dated the Form.
- Included your SSN.
- Acquired Third Party Administrator and/or Employer authorized signature or approval certification.

Please complete the form and provide it to your employer or the Third Participant Administrator for your school district.

If you have any questions, please contact a Customer Service Associate at 844-electP2 (844-353-2872) (TTY/TTD users call 800-468-5449) or go online at Pension2.com.

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.
- I have confirmed that the recipient investment provider has provided a Letter of Acceptance with respect to the funds to be exchanged/transferred.

The Third Party Administrator for the Plan identified above has recorded this withdrawal in their records for this plan.

NAME OF TPA FIRM _____

AUTHORIZED SIGNER NAME (PLEASE PRINT) _____

SIGNATURE _____ **DATE (MM/DD/YYYY)** _____

EMPLOYER OR PLAN SPONSOR AUTHORIZED SIGNATURE AND CERTIFICATION

If this section is not signed, we cannot process your participant.

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 or Plan Sponsor 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.
- I have confirmed that the recipient investment provider has provided a Letter of Acceptance with respect to the funds to be exchanged/transferred.

AUTHORIZED SIGNER NAME (PLEASE PRINT) _____

SIGNATURE _____ **DATE (MM/DD/YYYY)** _____