

To complete this form, you will need you:

- Employer/Plan Name and Tax ID Number
- Millennium Account Number
- Date of Birth
- Method of Distribution
- Social Security Number
- E-mail Address
- Banking Information (if funds are to be wired or sent by ACH)

Request a withdrawal from a Millennium 401k or Profit Sharing Plan account. Distribution requests may take up to 15 days to process. For assistance with this form, contact a Client Service Specialist during regular business hours, Monday - Friday, 8:00 am - 4:30 pm CT.

A Plan Information

Employer Name:

Plan Name:

Plan Tax ID No.:

B Participant Information

Participant Name:

Millennium Account No.:

Social Security No.:

Daytime Phone No.:

Date of Birth:

Address:

City:

State:

Zip:

E-mail Address:

C Beneficiary/Other Interested Party Information

Please provide full name.

▶ Name:

Taxpayer ID No./SSN:

Date of Birth:

E-mail Address:

Daytime Phone No.:

Your legal Residential Address cannot be a P.O. Box, Mail Drop or c/o address. Provide the address used for tax filing.

Residential Address

Address:

City:

State:

Zip:

Account Mailing Address

Address:

City:

State:

Zip:

If your mailing address is different from your residential address, indicate here.

Please continue to page two to complete this form.



D Reason for Distribution

Please check only one. ▶

- Attainment of Normal Retirement Age. *(Normal retirement age as indicated in the plan.)*
- Termination of Employment. Date of Occurrence:
- Termination of Plan.
- Disability Distribution. - Select if distribution is due to permanent disability within meaning of IRS Code Sec 72(m)(7). Consult your tax advisor for assistance. *(Attach Physician's Statement.)*
- Death. - Complete Beneficiary Information in Section C. *(Certified Copy of Death Certificate required if not already on file with Millennium.)*
- Excess Salary Deferral Removal.
- Qualified Reservist.
- Hardship Distribution. *(Eligibility as indicated in the plan.)*
- Plan Allows In-Service Rollovers.

Note: Required minimum distribution (RMD) requests should be submitted on Millennium's Required Minimum Distribution form.

E Amount and Method of Distribution

Please select one of the distribution methods from the options below.

A letter of acceptance from new custodian is required and include the new account type. ▶

- Funds will be distributed to me
- Direct Rollover to Retirement account outside of Millennium. *(Please provide payment delivery information in Section F.)*

Name of new custodian:

Account number:

Type of account: Qualified Plan (401(k)/Profit Sharing Plan) Traditional IRA
 403(b) SEP IRA Other:

- Rollover to a Millennium IRA.

Traditional IRA - account number:

Direct Conversion to a Roth IRA - account number:

A Roth IRA conversion is a taxable event and will result in all pre-tax assets you rollover being included in your taxable income. Please consult your tax advisor for assistance.

Please continue to page three to complete this form.

E Amount and Method of Distribution Continued

If funds are invested in assets other than cash (or cash equivalents), the timing of liquidation will vary depending on where the funds are invested. **Millennium will request funds from liquidations be sent to Millennium by check unless otherwise indicated in Section E2.** Once received, the check is held 5 business days to clear before the distribution can be issued.

- Please select one: ▶
- Total distribution of my entire account and close account. **(All assets will be liquidated.)**
 - Partial distribution of \$ _____ . (Tell us what to sell in Section E1 if insufficient cash.)
 - Systematic Payment (Please complete Section F.)

1. List all assets to be liquidated or re-registered below. (Cash investments will be automatically liquidated.) **Note:** All liquidation requests are subject to processing times based on current volumes at the time this request is submitted. *Execution price is not guaranteed.* Due to market fluctuations, you may wish to execute your publicly traded security transaction(s) online to ensure desired execution timing. **A current asset valuation is required to process this request. Please attach a copy of your most recent sponsor-provided asset statement.**

Liquidation or Re-Registration fees may apply. ▶	Liquidate	or	Re-Register	Asset Name/Description	Dollar Amt/All
	<input type="radio"/>		<input type="radio"/>		
	<input type="radio"/>		<input type="radio"/>		
	<input type="radio"/>		<input type="radio"/>		

If re-registering ALL assets in-kind, please contact Millennium regarding closing fee.

If additional space is needed, please attach a separate page.

***If any asset cannot be liquidated, we will inform you and then you can direct us as to what portion of the asset, if any, you want re-registered to you. Please contact your investment sponsor with questions about their inability to liquidate an asset for cash.**

2. Select the method that funds should be sent to Millennium from assets sold.
- Check (Upon receipt of funds, a 5 business day hold is required before funds are disbursed.)
 - Wire Transfer (Additional third-party fees may apply.)
Millennium is not responsible if the asset has its own required delivery method.

MTC will request funds be sent by check unless otherwise indicated. ▶

F Systematic Payments

Only complete this section if you checked the "Systematic Payment" box in Section C. This distribution form needs to be received by the 1st of the month in which the first systematic payment is to begin. Please note that checks received are subject to a 5 day hold and may impact the availability of dollars to fund this recurring distribution. Systematic payments, including your tax withholding election, will continue until Millennium receives written direction to cancel.

Note: Systematic payments with a set dollar amount will be discontinued if there are three consecutive failed attempts due to insufficient cash.

- New/Set Up
- Change of Instructions (Complete entire form.)

If cash funds are not available at the time of distribution, your check or ACH will not be issued as scheduled. ▶

Amount of systematic payment: \$ _____

Starting Month: _____ Day Preferred: 5th 15th
(If Day is not selected, Millennium will default to payments being issued on the 15th of the month.)

- Frequency of future payments: Monthly Quarterly

Please continue to page four to complete this form.

G Payment Delivery

Any taxable distribution request over \$200,000 will be processed as a Direct Deposit to Bank (ACH) or Wire.

Please select your delivery method from the following four options. If a check is selected, it will be sent to you via U.S. Mail

- ▶ Mail a check to the address of record.
- ▶ Mail a check to the following address. **(Notary Required - See Page 5)**
 Payee:
 Address:
 City: State: Zip:

Standard NACHA Operating Rules apply.

- ▶ Direct Deposit to Bank (ACH) - For distributions of \$2,000 or more, please submit a voided check (starter checks are not acceptable) and provide the financial institution's ACH instructions below. **Note: For accounts without checks, submit a preprinted deposit slip or a letter from the other financial institution, on letterhead and signed by an officer.** This documentation must include the account title, account number, ABA routing number and account type. **(Notary is required if funds are being sent to an account that is not registered in the name of the Account Owner.)**
- ▶ Wire funds - Not available for Systematic payments. *Additional fees may apply.* **Note:** Account Owner may be contacted for further verification of the banking information provided. **(Notary is required if funds are being sent to an account that is not registered in the name of the Account Owner.)**

Banking Information - Complete if you selected Direct Deposit to Bank (ACH) or Wire funds above. *If banking information is entered but a selection is not made, funds will be sent via Direct Deposit (ACH).*

Please ensure the accuracy of your financial institution's ACH/wire instructions. An additional fee will be charged if a ACH/wire is rejected due to the incorrect instructions.

- ▶ Bank Name:
- ▶ Bank Address:
- ▶ City: State: Zip:
- ▶ ABA Routing No.: Bank Account No.:
- ▶ Name on Bank Account:
- ▶ Type of Account: Checking Savings

H Tax Withholding Election

Federal Withholding Election

Internal Revenue Service ("IRS") regulations require this notice to be given to you each time you request a distribution from your Account.

The distribution(s) you receive from your Account are subject to Federal Income Tax withholding. You may be liable for payment of any Federal Income Tax due on distribution(s) from your Account, regardless of whether or not you elect to have taxes withheld. In addition, if your payments of estimated tax and withholding are not adequate, you may be subject to tax penalties under estimated tax payment rules.

Unless the distribution is directly rolled over to a Traditional IRA, Roth IRA, or transferred to another Qualified Retirement Plan, a mandatory Tax Withholding at a rate of 20% will apply to distributions that are eligible for rollover. You are urged to consult your tax advisor with respect to your election of Federal Income Tax withholding.

Please select one of these options. If no selection is made, taxes will automatically be withheld from the distribution(s) at a rate of 20%.

- ▶ Withhold 20% for Federal Income Taxes from my distribution(s).
 Withhold _____ % (minimum 20%).
 Withhold \$ _____ for Federal Income Taxes from my distribution(s). (minimum 20%)

State Withholding Election

State income tax withholding may be required from your distribution. In some cases, you may elect not to have withholding apply, or you may elect to increase the rate of withholding. In other cases, state income tax withholding may not be available. **Refer to the State Income Tax Withholding Information sheet for specific information concerning your state's withholding rates.**

Please continue to page five to complete this form.

H Tax Withholding Election Continued

State Withholding Election Continued

State income tax withholding is based on the state of residence, federal income tax withholding election and account type. Millennium may not be able to process a distribution without state income tax withholding if the state requires it. **Note: We will only withhold state income tax for the states listed on the State Income Tax Withholding Information sheet located in the back of this form.**

I declare my permanent state of residence is: _____ and that my election should reflect the requirements of that state. If a permanent state of residence is not noted, we will default to the state of residence listed on file at Millennium.

Please select one of these options. If no selection is made, we will withhold your state's requirement from your distribution(s).

- I **DO NOT** want state income tax withheld from my distribution(s).
- Withhold my state's minimum requirement. (Only applicable if a minimum tax rate exists for your state.)
- Withhold this amount: _____ % or \$
We will withhold at least your state's minimum requirement as listed on the State Income Tax Withholding Information sheet.

I Acknowledgement And Signature

By signing this form, I certify that all the information provided herein is true and accurate. Millennium can rely on the information to make the above requested distribution(s) and will be held harmless for any adverse consequences that may result. I have consulted my tax advisor concerning the taxable effect of the requested distribution(s) and agree to be fully responsible for the same.

IMPORTANT USA PATRIOT ACT INFORMATION

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means to you: You must provide us with your name, residential address, social security number, date of birth and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

FOREIGN CITIZENS AND OTHER NON-U.S. PERSONS

- Check here** if you are a foreign citizen or other non-U.S. person. *By checking here, the certification below for U.S. Citizens or Other U.S. Persons does not apply.* **You must submit a completed IRS Form W-8BEN.**

U.S. CITIZENS OR OTHER U.S. PERSONS (INCLUDING A U.S. RESIDENT ALIEN)

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct tax identification number; and (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or if so notified, such notice is no longer in effect; and (3) I am a U.S. citizen or other U.S. person (including a U.S. resident alien). The IRS does not require that I consent to any provisions of this document other than this certification to avoid backup withholding.

Please sign and date to authorize this distribution.

 Participant's Signature: _____ Date: _____

 Plan Trustee or Administrator's Signature (Required): _____ Date: _____

 Signature of Beneficiary/Other Interested Party (if applicable) _____ Date: _____

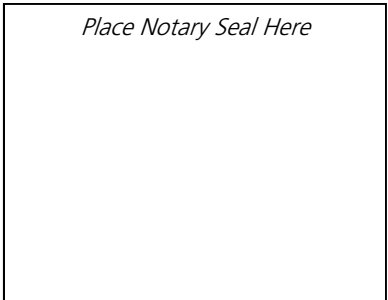
J Notary Public

A Notary Public is required if requesting funds over \$10,000 that will be sent to an address other than the account owner's current address of record, an account not held in the name of the account owner, or if the proceeds will be sent to an ex-spouse due to divorce. Forms received without the required Notary will be rejected.

Sworn to and subscribed before me on:
 _____, 20____.

Notary Public: _____

My Commission Expires: _____



All requests requiring a Notary or certified legal documentation must be received by mail unless uploaded to Millennium through a secured portal.

STATE INCOME TAX WITHHOLDING INFORMATION FOR QUALIFIED PLANS

As of 01/01/19

The general information provided in the chart below is to help you understand state income tax withholding requirements for Qualified Retirement Plan distributions. **While Millennium Trust makes every effort to obtain information about state tax laws from sources believed to be reliable, we cannot guarantee the accuracy or timeliness of state tax withholding information because state tax laws are subject to constant change and interpretation. You should contact your tax advisor regarding your tax withholding elections, and to answer any questions regarding your state's withholding laws.**

Millennium Trust may be required to withhold state tax from your distribution based upon state tax law for your state of residency. Your state of residency is determined by the legal address of record on your account or as provided in the Tax Withholding Election section of the Distribution form. In some cases, you may elect not to have withholding apply, or you may elect to increase the rate of withholding. In other cases, state tax withholding is not supported by Millennium.

- You may specify a percentage or dollar amount to be withheld for state income tax by completing the appropriate section on the distribution form. Some states require a minimum percentage or flat dollar amount. We will withhold at least the state-required minimum amount when such a minimum applies.
- You may instruct us not to withhold state income taxes only when your state of residence allows such an election.
- For any states not listed below, Millennium Trust will not withhold state income tax even if instructed to.
- If you are required to submit your state W-P4 Withholding form, it can be found on your **state's** government website not the IRS website.

State of residence	State income tax withholding information	State of residence	Minimum state income tax rate is <i>at least</i>
AZ, CO, D.C., NJ, NY	State income tax will be withheld ONLY if you instruct us to withhold it whether or not you elect to have federal income tax withheld. See below for exception. D.C.: Required if a <i>total</i> distribution is elected or taken by default	AR, DE, IA, KS, ME, NE, OK	5% of the gross distribution amount
DE, KS, MA, MD, ME, NE, OK, VA, VT	State income tax withholding is required when federal withholding is elected or taken by default.	CA	10% of the <i>federal withholding</i> amount when elected
CA, OR	State income tax withholding is required when federal withholding is elected or taken by default, unless you instruct us not to withhold state income taxes.	CT	6.99% of the gross distribution amount if no election made. Otherwise, client determines.
AR, CT, IA, MI, NC	State income tax withholding is required. However, if you believe you will not have a balance due on your state income tax return, you may elect not to have state income tax withheld by submitting your states W-4P form form (except for AR on Eligible Rollover Distributions). Consult your tax advisor for guidance on all of the limitations/restrictions for state tax withholding.	D.C.	8.95% of the gross total distribution amount
		MA	5.05% of the gross distribution amount
		MD	7.75% of the gross distribution amount
		MI	4.25% of the gross distribution amount
		NC	4% of the gross distribution amount
		OR	8% of the gross distribution amount
		VA	4% of the gross distribution amount
		VT	30% of the <i>federal withholding</i> amount when elected
		AZ, CO, NJ, NY	There is no minimum tax rate. You may provide any amount.