

**TMC 401(k) Savings Plan**

**BENEFICIARY AND ALTERNATE PAYEE DISTRIBUTION FORM**

- Use this form to request a distribution as a beneficiary following the death of the participant, or as an alternate payee under a “qualified domestic relations order.”
- Your choices on this form may affect your taxes. You may want to consult a tax or financial advisor.
- Please return your completed form to **the employer’s Human Resources Department for authorization.**
- This form is not valid without your signature in Section 9.

**1. Participant Information** Please print clearly in **CAPITAL LETTERS.**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Last Name First Name MI

**2. Reason for Distribution**

The reason for the distribution is (check one):

- The death of the participant. (Attach certified copy of death certificate.)  
Date of Death: \_\_\_\_\_
- I am an alternate payee under a “qualified domestic relations order.” (The Plan Administrator must determine the qualified status of any order.)

**3. Beneficiary or Alternate Payee Information**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number Date of Birth (MM-DD-YYYY)

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Mailing Address Apt. #

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Daytime Telephone Number Evening Telephone Number E-mail Address

Relationship to Participant \_\_\_\_\_

**4. CLEARCOURSE FUND – Annuity Option (complete only if you have a balance in this investment)**

- I elect to have my balance in the ClearCourse Fund (only) paid in the form of an annuity. Other account balances will be distributed in accordance with elections completed in Section 5.
- I do not elect to annuitize my balance in the ClearCourse Fund. Please distribute my ClearCourse balance in accordance with elections completed in Section 5.

If you do not make an election for your ClearCourse balance, the balance will be paid to you according to your instructions in Section 5.

**5. Form of Payment**

Select the form of your benefit payment by completing this section. Your Summary Plan Description may describe other distribution options that apply only in limited circumstances or only to certain participants that are not reflected here. You should consult your Summary Plan Description for details on the forms of payment of benefits that may be available to you.

I elect to have my vested account balances paid as follows (check only one):

- Immediate Lump-Sum Distribution (please skip Sections 6 and 7 of this form)
- Roll over \_\_\_\_\_% to an employer plan or traditional IRA. (please complete Sections 6 and 7 of this form)
- Partial Distribution in the amount of \$\_\_\_\_\_ or \_\_\_\_\_% of my accounts (gross amount, before taxes, if any are withheld).
- Regular Installment Payments (check one):  Monthly  Quarterly  Semi-annually  Annually,  
Amount of \$\_\_\_\_\_ until my account is completely distributed (please see Section 8)
- Annuity Option. I elect to take a distribution in the form of an annuity for my **entire account balance**. Complete *Annuity Form of Payment* below. (please skip Sections 6 and 7 of this form).

**Annuity Form of Payment:**

- 50% Qualified Joint and Survivor Annuity for me and my spouse, or if I am not married, a Single Life Annuity
- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity
- Other Form of Annuity Payment \_\_\_\_\_

If you have any questions about your annuity options, please contact Genworth at 1-800-303-1582.



## 6 Direct Rollover Election

If any part of your distribution is an "eligible rollover distribution" (as described in the "Special Tax Notice Regarding Plan Payments"), you may elect a tax-free "direct rollover" of that amount to another employer plan or to an IRA. If you do not elect a "direct rollover" of the eligible rollover distribution amount, it will be paid directly to you, and 20% of the amount paid by check will be withheld and credited against any federal income tax you owe. Please note that not all employer plans and IRA's will accept rollovers of Roth(k) or after-tax contribution amounts. If you want to roll over your Roth(k) or after-tax contributions, please verify that your rollover institution will accept them before electing to do so below. (check one and complete):

- Roll over my entire eligible rollover distribution to the employer plan or traditional IRA designated below, except
- Exclude my after-tax (non-taxable) contributions and pay to me.
  - Exclude my Roth(k) contributions and attributable earnings and pay to me.
- Distribute \_\_\_\_\_% or \$\_\_\_\_\_ (gross amount, before taxes, if any, are withheld) of my account balance and roll over the remainder to the employer plan or traditional IRA designated below (the minimum "direct rollover" amount is \$500). Amounts directly rolled over are deemed to consist of pre-tax amounts to the extent possible.

**Note: Failure to complete this section will result in your Roth(k) and after-tax (non-taxable) contributions to be paid directly to you, if applicable.**

## 7 Receiving IRA or Employer Plan

**IMPORTANT:** Unless you establish a Putnam IRA or provide mailing information on an already established IRA or qualified plan, your "direct rollover" check from the Plan will be made payable to the employer plan, or IRA that you describe below, for your benefit, and the "direct rollover" check will be mailed to you at the most recent address the Plan has for you on file. You should deliver the check to the IRA custodian or employer plan trustee as soon as you receive it. However, if you provide the full name, address, and account number of an IRA you have already established, your "direct rollover" will be sent directly to the custodian or trustee of that IRA. In order to have the check sent directly to the custodian or trustee of the IRA, the account number must not be your social security number. If your account number is your social security number the check will be mailed to you. Please ensure that the IRA custodian or trustee or Plan Trustee will accept all assets you are requesting to be rolled over prior to submitting this form.

My "direct rollover" should be made as follows (check one):

- Direct payment to a new Putnam IRA (Please complete the proper forms to establish your new Putnam IRA)
- Mail check to me, made out to the following (check one and complete below):  employer plan  IRA

NAME OF EMPLOYER PLAN OR IRA CUSTODIAN/TRUSTEE

- Direct payment to the following custodian or trustee of an already established IRA. Note: If your account number is your social security number the check will be mailed to you. (complete):

NAME OF IRA CUSTODIAN/TRUSTEE

ADDRESS

CITY

STATE

ZIP CODE

IRA ACCOUNT NUMBER (REQUIRED)

## 8 Federal Income Tax Withholding Election

Complete this section only if you have elected installment payments for a period of ten years or more. If you have elected installment payments for a period of ten years or more, federal income tax will be withheld on each payment, unless you elect not to have withholding apply. If you elect no withholding, you are still liable for any federal income taxes due on the taxable part of your distribution, and you could incur penalties if your withholding or estimated tax payments for the year are not enough. (check one):

- Do not withhold federal income tax from my installment payments.
- Withhold federal income tax from my installment payments, based on (check one):
- a tax filing status of (check one):  Married  Single  Married, filing separately and claiming (complete): \_\_\_\_\_ exemptions.
  - the following percentage (complete): \_\_\_\_\_ % of each distribution.

## 9 Beneficiary or Alternate Payee Signature

I make the distribution elections indicated above. I have read the Special Tax Notice Regarding Plan Payments, and I know I have at least 30 days to decide whether or not to elect a direct rollover of any eligible rollover distribution. To my knowledge, no other person is entitled or claims to be entitled to any part of the account that I have claimed.

Signature of Beneficiary or Alternate Payee (or Guardian, if a minor)

Date (MM-DD-YYYY)

## 10 Plan Administrator Authorization (Office Use Only)

Signature of Authorized Plan Representative

Date (MM-DD-YYYY)

Beneficiary is eligible for \_\_\_\_\_% of this account.