

**TMC 401(k) Savings Plan
BENEFIT DISTRIBUTION FORM**

- Use this form to request a payment of benefits after retirement, disability or other severance from employment.
- 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 your Human Resources Department for authorization.
- This form is not valid without your signature in Section 7 and your spouse's signature in Section 8, if married.

1 Participant Information Please print clearly in **CAPITAL LETTERS**.
(To be filled out by Participant)

Marital Status
 Married
 Not Married

_____-_____-_____
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

Home E-mail Address

2 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 3.
- I do not elect to annuitize my balance in the ClearCourse Fund. Please distribute my ClearCourse balance in accordance with elections completed in Section 3.

If you do not make an election for your ClearCourse balance, the balance will be paid to you according to your instructions in Section 3.

3 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 4 and 5 of this form*)
- Roll over _____% to an employer plan or traditional IRA. (*please complete Sections 4 and 5 of this form*)
- Roll over 100% to a Roth IRA (*please complete Sections 4 and 5 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 6*)
- 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 4 and 5 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.

4 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.
- Roll over my entire eligible rollover distribution to the Roth IRA designated below. Please refer to the Special Tax Notice Regarding Plan Payments for the tax consequences associated with rolling over to a Roth IRA.

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.



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5 Receiving IRA or Employer Plan

IMPORTANT: Unless you 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, IRA or Roth 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):

Mail check to me, made out to the following (check one and complete below): employer plan IRA Roth 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)

6 Federal Income Tax Withholding Election (This section is for installments only)

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.

7 Participant Signature

I make the distribution elections indicated above. I have read the Notice of Retirement Annuity Benefits and the Special Tax Notice Regarding Plan Payments, and I know I have the right to receive my benefits as a joint and survivor annuity if I am married or a single-life annuity if I am not married. I also know I can waive the right to annuity payments, with the consent of my spouse if I am married. I understand that if I waive those rights I can change my mind and revoke the waiver at any time before my payments begin. I have at least 30 days to decide whether or not to waive the annuity payments or to elect a direct rollover of any eligible rollover distribution. I have also read the Notice of Distribution Options, and I understand my distribution choices, including my right to defer payments to me under the plan.

Signature of Participant

Date (MM-DD-YYYY)

8 Spousal Consent

I am the spouse of the participant whose signature appears above. I have read the Notice of Retirement Annuity Benefits. I understand that I have the right to have the plan pay my spouse's retirement benefits in the qualified joint and survivor annuity payment form, and I agree to give up that right. I understand that by signing this spousal consent, I may receive less money than I would have received under the qualified joint and survivor annuity payment form and I may receive nothing after my spouse dies, depending on the payment form that my spouse chooses. I agree that my spouse can receive retirement benefits in the form selected above. I understand that my spouse cannot choose a different form of retirement benefits unless I agree to the change. I understand that I do not have to sign this spousal consent. I am signing this spousal consent voluntarily. I understand that if I do not sign this spousal consent, then my spouse and I will receive payments from the plan in the qualified joint and survivor annuity payment form.

Signature of Spouse

Date (MM-DD-YYYY)

WITNESSED:

Signature of Authorized Plan Representative

Date (MM-DD-YYYY)

OR

Signature of Notary Public (with stamp or seal)

Date (MM-DD-YYYY)

If Notary Public, my commission expires: _____

9 Plan Administrator Authorization

REASON FOR SEVERANCE FROM EMPLOYMENT: Retirement Disability Other (including Termination from Service)
(If no reason for severance of employment is checked off, “Other” will be used.)

Signature of Authorized Plan Representative

Date (MM-DD-YYYY)