WELLS FARGO

DISTRIBUTION REQUEST

The Distribution Form is used for requesting distributions from your retirement plan. The Distribution Form must be returned to your Plan Administrator, who will verify that all information is accurate and complete and forward your request for processing. **If you have any questions regarding this form please contact the Retirement Service Center at _____.**

PARTICIPANT INSTRUCTIONS

Section I Complete all applicable information. If the distribution is for a beneficiary, be sure to complete the appropriate line items and attach the participant's beneficiary form and certified copy of the death certificate.

Section II Place a check in the box next to the reason for distribution. If you are requesting a Hardship Distribution please complete all applicable items in the Additional Hardship Information box. For Termination or Retirement complete the date section.

Section III Place a check in the box indicating the amount of funds you are requesting, total account balance or a specific dollar amount. If a specific dollar amount please indicate the amount. Place a check in the box that indicates how you would like the distribution to be disbursed.

Section IV If a rollover of all or part of your account is selected in Section III, complete the information requested in this section.

Section V If a distribution of company stock will be taken, indicate method of payment. If this section isn't completed your company stock will be liquidated in cash and processed as requested in Section III. Note: Please refer to the Summary Plan Description or consult with your plan Administrator to determine if your selected method of payment is allowed by the plan.

Section VI If applicable, attach or note any additional instructions that may be required to facilitate the processing of your distribution.

Section VII Indicate your Federal and State Income Tax withholding elections.

Section VIII You must sign this section as authorization of the distribution requested to facilitate the processing of your distribution. You must also certify that the appropriate Distribution Election Notice and Special Tax Notice have been provided and are understood.

Section IX **PLAN ADMINISTRATOR INSTRUCTIONS**

The Plan Administrator must sign the form as authorization that the request is accurate and complete. Note: Instructions are subject to change based on plan rules.

Clear

PLEASE FORWARD COMPLETED FORM TO YOUR PLAN ADMINISTRATOR

***If this form is not complete this will cause a delay in processing, please print clearly. Call with questions on completing this form.**

Section I – PARTICIPANT INFORMATION

Plan Name					
Broomfield Money Purchase Pension Plan for Peace Officers					
Plan Code: 440480	Participant Name (print)			Social Security Number	
Address		City		State	Zip
Date of Birth	Date of Hire	Participation Date	Work Phone Number	Home Phone Number	

Section II – REASON FOR DISTRIBUTION (Select one of the following options and provide dates.)

- ☐ Termination – date: _____
- ☐ Retirement – date: _____
- ☐ Age 59 ½
- ☐ Death (Attach the beneficiary form and death certificate)
- ☐ Alternate Payee under a qualified domestic relations order (QDRO)
- ☐ Disability
- ☐ Other (Specify): _____
- ☐ Hardship**
- ☐ Emergency Withdrawal (Sect 457 Plans only)
  An illness or accident of the participant or beneficiary, or of a spouse or dependent of the participant or beneficiary.
  A loss of the participant's or beneficiary's property due to casualty.

Additional Hardship Information: (Refer to Hardship Guide for Documentation Requirements)

If the hardship/emergency withdrawal is for eligible expenses incurred by someone other than the account holder, indicate the relationship:

☐ Spouse ☐ Child ☐ Other dependent

If your 401(k) Plan hardship request is for expenses related to home purchase, prevention of eviction or foreclosure, or home repairs the funds must be used for your Primary Residence Only. (Please certify this by marking the box below)

☐ I certify that my 401(k) hardship request is for my Primary Residence

If your 401(k) hardship request is for repairs to your Primary Residence that qualifies as a casualty deduction under IRS code section 165 you must certify by checking the box below. If you are taking an Emergency Withdrawal from your Section 457 Plan for casualty losses, you must certify by checking the box below.

☐ I certify that this request qualifies as a casualty loss under IRS code section 165.

**I understand that by requesting a 401(k) hardship withdrawal from my plan I will be suspended from making contributions for 6 months. I also understand once the suspension period is over I will automatically be reinstated unless my plan document states otherwise.

Section III –PAYMENT ELECTIONS

Payment Amount: (Select one of the following options)

☐ Distribute the total account balance or the maximum available ☐ Distribute this amount $:_____

Cash Payment Election: (Select one of the following options. **Unless you request otherwise, cash distributions are paid from after-tax money first and then from pre-tax money.)**

- ☐ Cash payment to me
- ☐ Direct Rollover to an IRA or Qualified Plan
- ☐ Partial cash payment to me in the amount of $_____; direct rollover of the remaining distribution balance
- ☐ Partial Direct Rollover in the amount of $_____; cash payment to me of the remaining distribution balance

Note: Complete the Direct Rollover Information section below for all elections that include a rollover request.

Section IV – DIRECT ROLLOVER INFORMATION

- Call 1-800-690-0531 to open a Wells Fargo IRA
- If you are age 70½ or older and have terminated employment (for non 5% owners), the required minimum distribution portion of your distribution will be paid directly to you (less 10% withheld for Federal income tax) and will not be rolled over.

Pretax Amounts Eligible for Rollover (Select one of the following options)

- ☐ Wells Fargo Advisors Brokerage IRA Account Number: _____
- ☐ Wells Fargo Advantage Funds IRA Account Number: _____
- ☐ Rollover to another Financial Institution:

Name of Financial Institution, Trustee or Custodian	Name of Qualified Plan (if applicable)		
For the Benefit of (FBO)	Account Number	DTC Number (if applicable)	
Rollover Address	City	State	Zip

Roth Amounts Eligible for Rollover (Select one of the following options)

Note: If there are Roth amounts in your account and you leave this section blank, the Roth funds will be processed using the instructions provided in the pretax rollover section above.

- ☐ Wells Fargo Advisors Brokerage IRA Account Number: _____
- ☐ Wells Fargo Advantage Funds IRA Account Number: _____
- ☐ Rollover to another Financial Institution:

Name of Financial Institution, Trustee or Custodian	Name of Qualified Plan (if applicable)		
For the Benefit of (FBO)	Account Number	DTC Number (if applicable)	
Rollover Address	City	State	Zip

After-Tax Contributions Eligible for Rollover (Select one of the following options)

Note: If you leave this section blank, the after-tax funds will be processed using the instructions provided in the Pretax Rollover section. Always verify that the receiving IRA, Qualified Plan, Section 403(b) Plan, or Governmental 457 Plan will accept the rollover of your after-tax contributions.

☐ Cash payment to me
☐ Rollover my after-tax contributions to the same account as my pre-tax amounts
☐ Convert my after-tax contributions to a Roth IRA. Use the same information as in the Roth Amounts section

Section V – COMPANY STOCK (Complete this section if you own company stock)

If you have company stock and do not complete this section, your company stock will be sold and distributed as cash per your selection in the Payment Elections section. Check with your plan administrator to make sure your selection is allowed by your plan.

☐ Sell company stock and distribute the cash as selected in the Payment Elections section.
☐ Distribute as shares and rollover to my brokerage IRA account.

Brokerage Institution: _____ Acct #: _____ DTC#: _____ (if applicable)

☐ Distribute as **taxable** shares payable to me or my brokerage account:

Brokerage Institution:_____ Acct #: _____ DTC#: _____ (if applicable)

Section VI – SPECIAL INSTRUCTIONS:

Section VII – TAX WITHHOLDING

Federal

- 20% Federal Income Tax will be imposed on the taxable amount of any monies eligible for rollover to an eligible retirement account
- Hardship withdrawals from retirement plans are considered taxable income. Wells Fargo automatically withholds 10% for federal tax unless otherwise specified below.
- You may be liable for an early withdrawal penalty imposed by the IRS.

☐ Do NOT withhold Federal income taxes.
☐ Withhold Federal income taxes.
☐ Withhold $_____ for Federal income taxes
☐ Withhold _____% for Federal income taxes

State

- Some states require withholdings to cover the state income tax and Wells Fargo complies with those laws.
- Hardship withdrawals are considered taxable income.

☐ Do NOT withhold State income taxes.
☐ Withhold State income taxes. State: _____
☐ Withhold $_____ for State income taxes
☐ Withhold _____% for State income taxes

Section VIII – PARTICIPANT AUTHORIZATION

I hereby irrevocably request and consent to a distribution from my account on the terms stated above. I have read and received the Special Tax Notice regarding plan payments.

I realize that a direct rollover of pre-tax amounts to a Roth IRA is taxable to me in the year of distribution.

Under penalties of perjury, I certify that the above information is correct and my social security number shown on this form is my correct taxpayer identification number. I also certify that any eligible retirement plan specified above meets all applicable requirements and will accept the direct rollover indicated.

I understand that I may elect to receive my distribution immediately but that I may consider the decision of whether or not to elect a direct rollover for at least 30 days after the notice has been provided to me.

I certify any funds requested for Hardship/Emergency Withdrawal reasons:

- Will not exceed the amount of the immediate and heavy financial need
- Will be used exclusively to satisfy the immediate and heavy financial need
- Have not previously been requested with the attached documentation
- I further certify that for my 401(k) hardship, I have obtained all loans and other withdrawals available to me from my employer-sponsored retirement plan.

_____ _____
Participant or Beneficiary Signature Date

Section IX – FOR EMPLOYER USE ONLY

Review the form, complete this section and forward the form to Retirement Services.

Employer match, vested portion: _____%
Employer profit sharing, vested portion: _____%
Other vested portion: _____%
Other vested portion: _____%

Outstanding loan balance? ☐ Yes ☐ No

Special Instructions:

_____ _____
Plan Administrator's Signature Date

Wells Fargo Funds Management, LLC, a wholly owned subsidiary of Wells Fargo & Company, provides investment advisory and administrative services for Wells Fargo Advantage Funds[SM]. Other affiliates of Wells Fargo & Company provide sub-advisory and other services for the Funds. The Funds are distributed by Wells Fargo Funds Distributor, LLC, Member NASD/SIPC, an affiliate of Wells Fargo & Company.

Wells Fargo Advisors is the trade name used by two separate registered broker dealers: Wells Fargo Advisors, LLC and Wells Fargo Advisors Financial Network, LLC, Members SIPC, non-bank affiliates of Wells Fargo & Company.

Investment and Insurance Products:

NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE