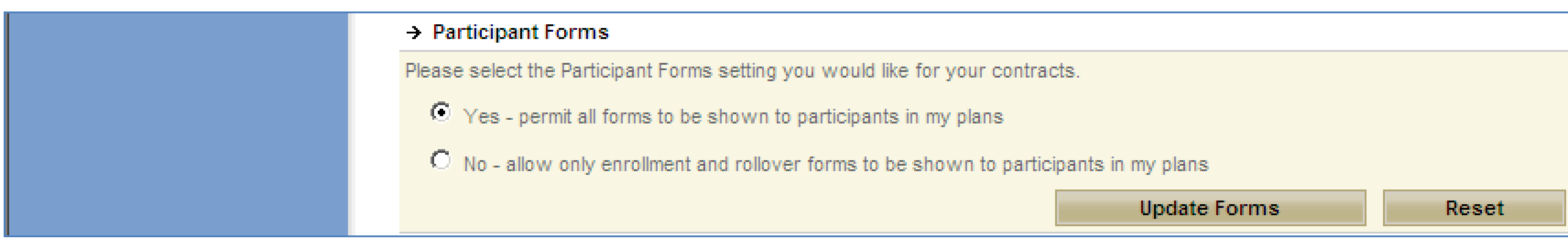
The Transamerica Distribution Form Wizard is available when you opt to show all forms to Participants. To check your settings, please access the TPA Profile section of the "TPA Tools & Resources" menu option.

Please locate the "Participant Forms" section. If you would like to utilize the Forms Wizard , please be sure that the radio button (shown below) is set to "Yes."



The first step in accessing the Transamerica Distribution Form Wizard is navigating to the "Participant Information" menu.

Once that step is complete, you will then be given the options below. Please select “Account Access” from these choices.

Participant Information

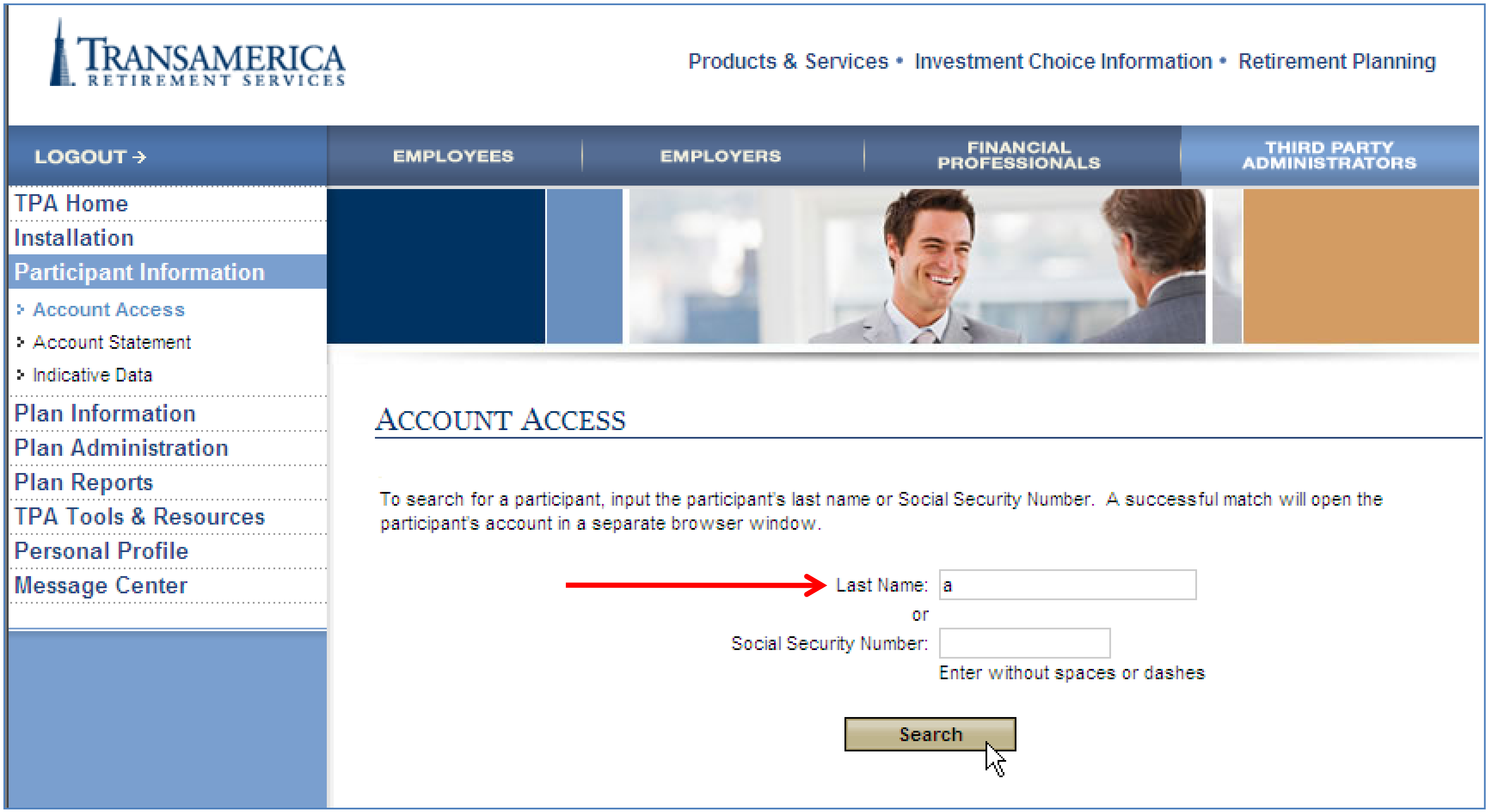
Do you need to update or view a participant's information? Select from the list below.

Account Access
You may search for a participant by last name or Social Security Number.

Account Statement
You may access participant statements online for viewing as a PDF file.

Indicative Data
Update a participant's name, address, phone numbers, birth date, hire date or other information.

Next, you will need to identify the participant you would like to create a pre-filled form for. You can either search by Last name or Social Security Number.



Once your search criteria is entered, you are then asked to select the appropriate participant.

The participant’s account will open in a new window. Please select the “Forms” menu option on the left.

You then choose the Distribution Request Form to pre-fill.

Participant Forms

Listed below are the forms available under your retirement plan. You can view, download, and print these forms using the free Adobe® Acrobat® Reader.

Once you print these forms, you will need to complete them, sign where indicated and submit them as instructed on the form.

Enrollment/Change Form
This form enables you to enroll in your employer's retirement plan. If you are already enrolled, you may use this form to make changes to your contributions and beneficiary designations.

Rollover Form
This form is used when requesting a deposit of funds from a previous employer's qualified plan into your new employer's qualified plan.

Beneficiary Designation Form
With this form you will name the beneficiary(ies) of your retirement plan benefits in the event of your death. Access this form in Spanish.

Distribution Request Form
Use this form if you're requesting a distribution of all or a portion of your account due to retirement, separation from service, termination of employment, direct rollover, etc. Access this form in Spanish.

The next screens illustrate specific detail, walking you through the process of completing the Distribution Request.

EMPLOYEES | EMPLOYERS | FINANCIAL PROFESSIONALS | THIRD PARTY ADMINISTRATORS

DISTRIBUTION REQUEST FORM

SHIRLEY A STEVENS

Sample 401(k) Plan

Print Blank Form

This wizard will guide you through the completion of your plan's distribution request form. Once you have entered all of the appropriate information, a printable version of the form containing the information you submitted will be available.

Please complete all required information below and verify the information that is provided. Required fields are indicated with an asterisk (*). Click **Next** to continue.

→ Employee Information

111 - 11 - 0001
* Social Security Number

06 / 28 / 1945
* Date of Birth (MM/DD/YYYY)

10 / 15 / 2003
* Date of Hire (MM/DD/YYYY)

○ Mr. ○ Mrs. ○ Ms. ○ Dr.

* ○ Married ○ Not Married

Participant
* Last Name

Initial

Patricia
* First Name

Email Address: update email

→ Address Information

Please verify the address shown below. If any changes are necessary, please edit the address.

Address1:	**4822 Market St.**
Address2:	
City:	**Los Angeles**
State:	**CA**
ZIP Code:	**92126**
Daytime Telephone:	
Evening Telephone:	

→ Address Information

Please verify the address shown below. If any changes are necessary, please edit the address.

Address1:	**4822 Market St.**
Address2:	
City:	**Los Angeles**
State:	**CA**
ZIP Code:	**92126**
Daytime Telephone:	
Evening Telephone:	

→ Mailing Option

All checks will be sent via first class mail unless the overnight mail box is checked below.

☑ Send the check overnight mail and deduct $25.00 from the check for express charges.

$50.00 will be deducted when two checks are required. (Example: one check sent to a rollover institution and one check sent to the participant.) *Please note: A street address must be provided.*

Based on plan provisions, a distribution fee may be assessed at the time of processing. Please check with your Plan Administrator for any questions as to if a distribution fee may apply to your request.

→ Reason for Distribution Request

Please select the type of distribution you are requesting.

○ Termination of Employment
○ Retirement
◉ In-Service
○ Payment to alternate payee under QDRO (only applies to divorce proceedings)
○ Disability as determined by the Plan's fiduciary

Next Cancel

Once the details are entered, we will ask for your final review. Once everything looks good, please hit the “Generate Form” button on the bottom of the page. The end result is on the next page….

EMPLOYEES | EMPLOYERS | FINANCIAL PROFESSIONALS | THIRD PARTY ADMINISTRATORS

Distribution Request Form - Review

Please review the information you have entered. If it is correct, click **Generate Form** to create your form to print and sign. To end this session without saving any of the data entered, click **Cancel**. To return to the previous screens and make corrections, click **Edit**.

→ Employee Information

Ms. Patricia Participant
4822 Market St.
Los Angeles, CA 92126

Social Security No.:	***-**-0001	Date of Birth:	10/31/1945
Marital Status:	Not Married	Date of Hire:	02/05/2003

→ Mailing Option

Check(s) will be sent via overnight mail, $25 per check fee

→ Reason For Distribution Request

In-Service

→ Form of Payment

Traditional 401(k) Account

Form of Payment:	Cash
Distribute:	All

Generate Form | Edit | Cancel

The Distribution Request Form below is generated.

TRANSAMERICA RETIREMENT SERVICES

Distribution Request Form

READ THE ATTACHED IRS SPECIAL TAX NOTICE: IF YOUR PLAN ALLOWS FOR AN ANNUITY OPTION, READ THE WRITTEN EXPLANATION OF QUALIFIED JOINT AND 50% CONTINGENT SURVIVOR ANNUITY FORM OF BENEFIT BEFORE COMPLETING THIS FORM.

Please note: Do not use this form for:
(1) Death Benefit Claim
(2) Required Minimum Distribution
(3) Hardship Withdrawal Request

INSTRUCTIONS AND INFORMATION FOR COMPLETING THIS FORM

This Form Must Be Completed And Signed By You (And Your Spouse If You Are Married And Your Plan Allows For Annuities) And The Plan Administrator, Trustee Or An Authorized Signer. *If any information is missing or incomplete, you may be required to complete a new form or provide additional information before the distribution can be processed.*

PARTICIPANT INSTRUCTIONS

1. Complete Sections B-J. If you do not have a Roth 401(k) Account, skip Section E. If you are married and your plan allows for annuities, complete Section I, Spousal Consent.
2. Your signature is required in Section J.
3. Submit this form to your Employer for signature and processing. Do not mail this form directly to the Administration Office listed at the end of this form.

EMPLOYER INSTRUCTIONS

1. Complete Section A.
2. Your signature is required in Section J.
3. Submit this form to the Processing Center.

SECTION A. Employer Information

Company/Employer Name
Sample 401(k) Plan

Plan Name
Patricia P. Participant

Contract Number
666001

Division Number *(if applicable)*