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.

TRANSAMERICA RETIREMENT SERVICES		Products	& Services • Investment Choice	e Information • Retirement Planning
	EMPLOYEES	EMPLOYERS	FINANCIAL PROFESSIONALS	THIRD PARTY ADMINISTRATORS
TPA Home			A Start	
Installation		- 6-0		
Participant Information			W TO	
Plan Information				
Plan Administration				
Plan Reports	TPA HOME			
TPA Tools &				
Resources	Welcome Jane Doe.			
Personal Profile	Thank you for doing by	ining a with Transamerica I	Patiromant Sanicas	
Message Center	mank you for doing bu	isiness with transamerica i	Retrement Services.	
	🖂 You have 1 new m	essage(s). <u>View</u> now.		

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.

EMF	LOYEES	EMPLOYERS	FINANCIAL PROFESSIONALS	THIRD PARTY ADMINISTRATORS
Aco	COUNT	ACCESS		
				Select Another Partic
Vaua		dead in the following Colors	the sector and shall fact	
Your	search rest	lited in the following. Selec	t the participant and click Sub	mit to continue.
	SSN	Name	Company Name	
•	***** 0001	Patricia Participant	Sample 401(k) Plan	
		NSI	ubmit Cancel	
	ACC Your	EMPLOYEES ACCOUNT Your search resu SSN C ***** 0001	EMPLOYEES EMPLOYERS ACCOUNT ACCESS ACCOUNT ACCESS Your search resulted in the following. Select SSN Name SSN Name C ***** 0001 Patricia Participant	EMPLOYEES EMPLOYERS PROFESSIONALS ACCOUNT ACCESS ACCOUNT ACCESS Your search resulted in the following. Select the participant and click Sub SSN Name Company Name Image: Signal and click Sub Image: Signal and click Sub SSN Name Company Name Image: Submit Sample 401(k) Plan

The participant's account will open in a new window. Please select the "Forms" menu option on the left.

TRANSAMERICA RETIREMENT SERVICES		Products	& Services • Investment Choic	e Information • Retirement Planning
	EMPLOYEES	EMPLOYERS	FINANCIAL PROFESSIONALS	THIRD PARTY ADMINISTRATORS
Account Information Account Details Investment Activity Investment Performance Statements & Confirmations Transaction History				
Plan Information	ACCOUNT I	NFORMATION		
Transactions Forms എ Newsletter	Welcome Patricia Participant! Sample 401(k) Plan			
Market Resource Center Resources Personal Profile Message Center		lew Online Market Coverage You can now access <u>Markets</u> late on the latest breaking fina by WSJ. In addition, the new se experts addressing a variety of	pe from The Wall Street Jour Hub, an online video feed that is ancial news. The video feed is us service includes a suite of <u>educ</u> . i investing and savings topics.	mal! makes it easy to stay up-to- pdated multiple times a day <u>ational videos</u> featuring national
Go Paperless with Online Statements and Confirmations		<u>The Transamerica Institute for</u> The Transamerica Institute for esources that can help you le	Retirement Readiness Retirement Readiness offers w arn more about planning for reti	eb-based educational irement.
→ SIGN UP NOW!	Changing jobs? <u>Get</u> You have 0 transac You have 1 new	information on your options. tion(s) pending. v messages(s).	View	

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 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 <u>Spanish</u>.

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

EMPLOYEES	EMPLOYERS	FINANCIAL PROFESSIONALS		THIRD PARTY ADMINISTRATORS
DISTRIBUTIC	N REQUEST	Form		
SHIRLEY A STEVEN Sample 401(k) Plan	IS			Print Blank Form
This wizard will guide entered all of the app submitted will be ava	you through the co ropriate information, ilable.	ompletion of your plan's distribution , a printable version of the form co	n request fo intaining the	rm. Once you have information you
Please complete all indicated with an ast	required information erisk (*). Click Next	below and verify the information the to continue.	hat is provid	ed. Required fields are
→ Employee Inform	ation			
111 - 11 - 000	1	06 / 28 / 1945	10 / 1	5 / 2003
* Social Security Num	ber	* Date of Birth (MM/DD/YYYY)	* Date of	Hire (MM/DD/YYYY)
OMr. OMrs. OM	ls. ODr.	* O Married O Not Married		
Participant		Patricia		
* Last Name		Initial * First Name		
Email Address: upd	late email			
→ Address Information	tion			
Please verify the add	ress shown below. I	lf any changes are necessary, ple	ase <u>edit the</u>	address.
Address1:	4822 Market St.			
Address2:				
City:	Los Angeles			
City: State:	Los Angeles CA			
City: State: ZIP Code:	Los Angeles CA 92126			
City: State: ZIP Code: Daytime Telephone	Los Angeles CA 92126			

→ 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.

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



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
		Ser L	
DISTRIBUTIO	ON REQUEST FOR	M - REVIEW	
Please review the info print and sign. To eno previous screens and	ormation you have entered. If d this session without saving I make corrections, click Edi	it is correct, click Generate I any of the data entered, click it .	Form to create your form to Cancel. To return to the
→ Employee Inform	nation		
Ms. Patricia Partici 4822 Market St. Los Angeles, CA 92	ipant 2126		
Social Security No.:	***-**-0001	Date of Birth:	10/31/1945
Marital Status:	Not Marri	ed Date of Hire:	02/05/2003
→ Mailing Option			
Check(s) will be se	nt via overnight mail, \$25	per check fee	
	lle d'an Dama d		
→ Reason For Distr	ibution Request		
In-Service			
→ Form of Paymen	nt		
Traditional 401(k) Ac	count		
Form of Payment	t: Cash		
Distribute:	All		
			_
	Generate Form	Edit Cancel	

The Distribution Request Form below is generated.

86	🖞 💽 👍 👆 1 / 32 🛛 1K 🖑 🥰 💿 🖲 68.2% 🗸 🥖 Sign 🛪 🔚 🚼	
Find		
		7-
16	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.	
	 Your signature is required in Section J. Submit this form to your Employer for signature and processing. Do not mail this form directly to the Administration Office listed at this form. 	
	EMPLOYER INSTRUCTIONS 1. Complete Section A.	
	 Your signature is required in Section J. Submit this form to the Processing Center. 	
	SECTION A. Employer Information	1
	Company/Employer Name	
	Sample 401(k) Plan	
	Plan Name	
	Patricia P. Participant	
	Contract Number Division Number (if applicable)	
	666001	