

403B DISTRIBUTION FORM

INSTRUCTIONS:

1. Complete the attached 403B DISTRIBUTION Form
2. Sign the form
3. Mail or Fax the completed, signed form to:

Please send to: Regular Mail

Overnight Mail

Primerica Shareholder Services
P.O. Box 534485
Pittsburgh, PA 15253 – 4485

Primerica Shareholder Services
Attention: 534485
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Client Services: (800) 544-5445

Fax Services: (833) 748-3938 (acceptable only if an Original Signature Guarantee is not required)

DISTRIBUTION AMOUNT- Please indicate the amount you wish to distribute from your account. You have three choices:

All Shares – To distribute all shares held in a specified fund position with this account number or you may choose all fund positions be redeemed. Unless otherwise specified, the account(s) will be closed and all options (i.e. Systematic Withdrawal Plan) will be discontinued.

Dollars – To distribute a specific dollar amount from a specified fund position with this account number or you may choose all fund positions be distributed.

Shares – To distribute a specific number of shares from a specified fund position with this account number or you may choose all fund positions be distributed.

* Per IRS regulations, any redemption from a 403(b) due to financial hardship is limited to the amount contributed by the employee as salary reduction contributions.

MAIL CHECK- Please indicate how you wish the distribution check to be sent to you. We will usually process and mail your distribution check within two to three business days.

To me as identified on my account registration – To have the check sent to the address and registration of record.

To the following Payee and / or address – To have the check sent to alternate payee and / or address. (Original Signature Guarantee Required)

EXPRESS MAIL- Please indicate if you wish to receive the check via express mail service. A daytime telephone number is required for all express mail packages.

By one-day air express and deduct the fee charge from my account – The check will be sent via next-day air express in accordance with the mailing instructions.

Note: The overnight express fee is generally \$20 for most deliveries in the United States, however, if you reside in a rural area in the U.S. the charge could be higher. If you reside in Alaska, Hawaii, Puerto Rico or request overnight express to a PO Box, the overnight fee will be higher and you could be charged as much as \$30.00. If you request overnight express to Guam, the fee charge could be as much as \$70 or more. Your account will be charged accordingly.

WIRE TRANSFER- A wire Transfer should take place within 48 to 72 hours of processing your request for a distribution of shares.

ACH TRANSFER- An Automated and Clearing House (ACH) transfer should place within 72 to 96 hours of processing your request for distribution of shares.

Please complete the Wire / ACH Transfer Information and attach a voided check.

Wire / ACH Transfer to the bank of record – To have the distribution proceeds Wired / ACH to a bank account on file with Primerica Shareholder Services for at least 30 days.

Wire / ACH Transfer to a non-record bank – To have the distribution proceeds sent to a bank account not on file with Primerica Shareholder Services. When processing a Wire / ACH Transfer to a non-record bank, you must complete the bank name, bank contact person, bank telephone number, bank routing / transit number, bank account name and number, and attach a voided check. An Original Signature Guarantee Required.

REASON FOR DISTRIBUTION- Triggering Event – We recommend that you speak with your tax or financial advisor regarding the consequences of this distribution. A distribution cannot be made from a 403(b)(7) account except for the following reasons.

Please indicate the reason for distributing shares from your account. You must choose one of the following:

Normal – Taxable distribution to a person over the age of 59 ½. Employee is not yet taking Required Minimum Distributions

Separation of Service – If under age 59 1/2 you will be subject to a Premature Distribution Tax Penalty unless the proceeds are rolled over into another TSA or IRA within 60 days.

Divorce – Please use the POL-99 if you are requesting a distribution due to a divorce settlement.

Employer Plan Terminated – If your employer has terminated the plan.

Financial Hardship – If you checked financial hardship as a reason for distribution, you must check the appropriate box for the reason for financial hardship.

Disability – Distribution to a person for reason of total and permanent disability as defined in IRS Code 72(m)(7). By checking this box you certify you are unable to engage in any substantial activity by reason of a medically determinable, physical or mental impairment which can be expected to be of a long or indefinite duration or to result in death.

RMD – A distribution to a person that has attained the age of 70 ½.

Death – Only use this form if the account has already been registered as a beneficiary account in your name. If a beneficiary account has not been established in your name, please contact our customer service center for assistance.

Employer Authorized Signature-Effective January 1, 2009 all distributions require an Employer/TPA approval signature

Owner's Signature- Please provide your signature in the space provide along with the date. Please read all information contained in this section before signing the form. Please provide a daytime phone number where you can be reached should we need additional information to process your request.

Original Signature Guarantee- An Original Signature Guarantee will be required if the amount for distribution exceeds \$100,000, you request the proceeds to be sent to an alternate address/payee or to an alternate bank, or you have had an address change on this account within the past 30 days.

Additional Fees

- **Termination Fee** – A termination fee of \$30 will be imposed if the entire account value is either distributed or transferred to another custodian, or if any distribution or transfer results in the account value falling below \$100 regardless of if the redemption is premature (prior to age 59 ½).
- **Custodial Fee** – There is an annual Custodial Fee of \$25 per account. This fee is deducted from a shareholder's account balance each year, unless pre-paid. If a distribution is requested during the year, the Custodial fee is deducted from the redemption proceeds.
- **CDSC Fee** – If your account is invested in Class B Shares, your distribution may be subject to a CDSC Fee (Contingent Deferred Sales Charge). Please refer to your prospectus to determine the CDSC percentage applicable to your Fund.

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REQUIRED INFORMATION

Please complete all information to avoid any delay in processing your request.

Account Owner's Name: _____ Account Number: _____

	Fund Number/ NASDAQ Symbol		Redeem# of Shares		Redeem Dollar Amount
<input type="checkbox"/> All Shares in Fund(s) Listed	_____	OR	_____	OR	_____
<input type="checkbox"/> All Shares IN ALL Fund Positions	_____	OR	_____	OR	_____

Please mail the check to: (choose one) (Note: An Original Signature Guarantee is required to mail a check to an alternate payee or address)

The address of registration To an alternate payee/address:

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

I would like to receive a check: (choose one) - Daytime phone number required for Express Mail

1st Class Mail

Next Day Air (read note regarding fee on instruction page)

I would like a wire transfer:

To the active bank of record at PSS

I would like ACH transfer: (select option here and below)

To an alternate bank account (Original Signature Guarantee required)

Reason for Distribution: (choose one) - Effective January 1, 2009 all distributions will require an Employer Signature

Normal (Age > 59 1/2) Separation of Service Employer Plan Terminated Financial Hardship

Disability- I certify that I meet the Definition of Disability as defined in IRS Code 72(m)(7)

RMD

Death

Financial Hardship: (If you checked Financial Hardship you must check the reason below)

Burial or Funeral Expenses Repair Damage to Principal Residence

Pay Tuition Prevent Eviction Pay Medical Expenses Purchase Principal Residence

Federal and State Withholding:

Note: There is a mandatory 20 % federal income tax withholding for all of the above distribution reasons except for **Financial Hardship or RMD** regardless of where the proceeds are mailed.

Check here if you selected **Financial Hardship or RMD** and you wish to have Federal Income Tax withheld from your proceeds. If the box is not checked, no taxes will be withheld. Withhold Federal Income Tax of _____%

Note: If you reside in a state that requires mandatory State withholding, State withholding will also apply to this distribution. The State withholding rate is based on your resident state requirement. Please read the Federal/State Tax Withholding Information on the next page.

EMPLOYER AUTHORIZATION:

I hereby affirm that the information given is true and correct, and I authorize and direct the custodian to make distributions according to the instructions provided on this form.

Employer/TPA Authorized Signature

Title

Date

Owner's Signature

By signing this form, I understand that (i) my employer may be required to execute any and all other documents, and to provide and/or share any and all other information, necessary to comply with section 403(b) of the Code and the final regulations promulgated there under and (ii) there is a risk that if my employer and/or the plan is not in compliance with section 403(b) of the Code and the final regulations promulgated there under that the distribution being made by Primerica Shareholder Services (PSS) under this form may be considered a disqualifying event by the Internal Revenue Service and reportable by PSS. By signing this form, I acknowledge that I have read and accept the terms outlined in the 402(f) Notice. I do certify that I have received sufficient prior notification of my options to have my distribution paid directly to a 403(b) Custodian/ Trustee and thus, avoid the 20% tax withholding.

Owner's Signature: _____ Date: _____

Daytime phone number where you can be reached should we need additional information: _____

Original Signature Guarantee:

Original Signature Guarantee STAMP: I guarantee the signature of the applicant and to the best of my knowledge and belief the investor is of full age and legally competent.

Guarantor Name: _____

Original Signature Guarantee Stamp

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WIRE / ACH TRANSFER – BANK ACCOUNT INFORMATION

Bank Name _____
Contact Person _____
Routing # _____

Account Name _____
Phone # _____
Account # _____

(Note: An Original Signature Guarantee is required to wire transfer proceeds to a non-record bank.)

Once completed, mail or fax the form and required documents to appropriate address or services listed for processing.

Please send to:	Regular Mail	Overnight Mail
	Primerica Shareholder Services P.O. Box 534485 Pittsburgh, PA 15253 – 4485	Primerica Shareholder Services Attention: 534485 500 Ross Street, 154-0520 Pittsburgh, PA 15262
Client Services:	(800) 544-5445	
Fax Services:	(833) 748-3938 (acceptable only if an Original Signature Guarantee is not required)	

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Department of the Treasury
Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

2023

1a First name and middle initial	Last name	1b Social security number
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Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
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Sign Here	Your signature (This form is not valid unless you sign it.)	Date
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General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2023 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

* If married filing separately, use \$360,725 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S.

commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.