

➤ **BNY** | INVESTMENTS **403(b)(7) DISTRIBUTION REQUEST FORM**

1 PARTICIPANT INFORMATION

PARTICIPANT'S NAME (First, Middle Initial, Last)

STREET ADDRESS

CITY

STATE

ZIP CODE

☐ Please check this box if you would like to update the address on your account to the above. A **Medallion Signature Guarantee** will be required.

DATE OF BIRTH (MO/DAY/YR)

SOCIAL SECURITY NUMBER

PHONE NUMBER

CELL PHONE NUMBER

EMAIL ADDRESS

2 ACCOUNT NUMBER(S) AND AMOUNT(S)

☐ Total distribution of **ALL** accounts associated with the Social Security Number listed in Section 1.

Fund Account Number: _____ \$ _____ or ☐ Entire Balance or ☐ Installments
Dollar/Share Amount

Fund Account Number: _____ \$ _____ or ☐ Entire Balance or ☐ Installments
Dollar/Share Amount

Fund Account Number: _____ \$ _____ or ☐ Entire Balance or ☐ Installments
Dollar/Share Amount

For installment payments, please make distributions on the following schedule:

____ Monthly ____ Quarterly ____ Semiannually ____ Annually Beginning date: ____ / ____ / ____
MONTH DAY YEAR

Over a period of ____ years (not to exceed the participant's life expectancy or joint life expectancy of the participant and the designated beneficiary)

3 DISTRIBUTION TYPE (Please choose only one.)

- ☐ Age 59½ ☐ Hardship Withdrawal* ☐ Disability
☐ Retirement ☐ Termination of Employment ☐ Other (please specify) _____
☐ In-Service Transfer to another investment provider approved by my Employer's 403(b)(7) plan
☐ Transfer to another 403(b)(7) Plan provider approved within my **new** Employer's plan

To request a Required Minimum Distribution from a 403(b)(7) Plan, please complete the Required Minimum Distribution Request Form found online at www.bnyfundsforms.com.

*A hardship withdrawal is only available if your Employer's 403(b)(7) Plan allows for this withdrawal type. You should contact your Employer to confirm.

4 FEDERAL INCOME TAX WITHHOLDING

The default rate of federal withholding is 20% for eligible rollover distributions. You can choose a rate greater than 20% (between 20% and 100%) but you generally cannot choose a rate less than 20%. Required Minimum Distributions and certain other distributions are subject to a 10% default rate for federal income tax withholding. You generally can elect another federal withholding rate from 0% to 100%, but you cannot choose less than 10% if these distribution payments will be delivered outside of the United States.

You can review the enclosed IRS Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for further instructions and a rate table that helps you choose a rate that is appropriate for your tax situation. This form can also be found at www.irs.gov/pub/irs-prior/fw4r--2025.pdf. **YOU DO NOT HAVE TO MAKE A SEPARATE ELECTION ON THE ATTACHED FORM W-4R, AND YOUR WITHHOLDING ELECTION MAY BE MADE ON THIS FORM ONLY.** If you elect not to have withholding apply to your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you do not elect out of withholding, by entering 0% on the line below, withholding will be based on the gross amount of your distribution even though a portion of your distribution may not be subject to tax (e.g., if you have made non-deductible contributions to your Plan).

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

- For nonperiodic payments that are not eligible for rollover, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on the line below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. See page 2 of the enclosed Form W-4R for more information.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on the line below. You may not choose a rate less than 20%.

See page 2 of the enclosed Form W-4R for more information.

FEDERAL INCOME TAX WITHHOLDING ELECTION

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 on page 1 of the enclosed Form W-4R for additional information. Enter the rate as a whole number (no decimals).

_____ %

5 STATE INCOME TAX WITHHOLDING ELECTION

Depending on your state of residency, state income tax withholding may be required from your distribution. If applicable, you may elect a withholding rate that is above your state's minimum withholding rate. Certain states may permit you to elect to not have withholding apply. If a minimum withholding rate is required by your state, the custodian will withhold applicable state taxes regardless of your election below. The custodian does not withhold state taxes for all states. To the extent permitted by applicable state law, an election to not have federal income tax withheld will also apply to state income taxes. To review the impact of state withholding for your state of residence, please speak to your tax consultant.

- ☐ I **do** want state income tax withholding applied to my 403(b)(7) plan distribution at a rate of _____ %.
- ☐ I **do not** want state income tax withholding applied to my 403(b)(7) plan distribution.

6 DISTRIBUTION/TRANSFER INSTRUCTIONS

Your distribution(s) will be sent by check to the current address of record on your account unless you select **one** of the following:

☐ Mail to the address of record.

☐ Send the proceeds by overnight delivery (A \$10 fee will apply.) Not available for installments.

Is a signature required upon receipt of overnight delivery? ☐ Yes ☐ No

Please note: Requests for \$100,000 or more or to an address of record that has been updated within the last 30 days require a **Medallion Signature Guarantee**.*

☐ I want my distribution(s) credited to my existing non-retirement account listed below.

Fund Account #:_____ (If you select this option, the distribution amount must meet the Fund's required minimum for subsequent investments. If you are not a registered owner on the non- retirement account, a **Medallion Signature Guarantee*** is required.)

☐ I want my distribution check(s) sent to the alternate payee address indicated below.

Please note: A **Medallion Signature Guarantee*** is required.

Alternate Payee

Alternate Address

City

State

Zip Code

☐ I want my distribution(s) sent to a bank account. A **Medallion Signature Guarantee*** is required.
(if no option is selected, the proceeds will be sent by ACH)

☐ ACH

☐ Wire

Bank Name _____

Bank ABA Routing Number _____

Bank Account Number _____

Bank Account Name _____

Note: Please attach a voided check, deposit slip, bank statement or letter on bank letterhead that includes your full account number and routing number for your bank.

☐ I want a Direct Rollover of my distribution to a Traditional IRA

☐ I am establishing a new Traditional IRA (attach an IRA Application)

☐ I have an existing Traditional IRA. Account # (Last 10 digits only): _____

6 DISTRIBUTION/TRANSFER INSTRUCTIONS CONT.

☐ I want a Direct Rollover/Conversion of my distribution to a Roth IRA

☐ I am establishing a new Roth IRA (attach an IRA Application)

☐ I have an existing Roth IRA. Account # (Last 10 digits only): _____

☐ I want a Direct Rollover of my distribution to the following financial institution

Trustee/Custodian Name

Trustee/Custodian Address

City

State

Zip

IRA or Retirement Plan Number (if applicable)

Note: A letter of acceptance is required from the new trustee/custodian.

☐ Annuity Contract (Check payable to the Annuity Provider listed below for the benefit of you, the Plan Participant)

Investment/Annuity Provider Name _____

Account Number _____

Account Name or Retirement Plan Name _____

Address _____

City _____ State _____ Zip _____

Note: A letter of acceptance is required from the new Annuity Provider.

7 PARTICIPANT CERTIFICATION AND SIGNATURE

I have read the "Special Tax Notice" and request the distribution, rollover or transfer from my 403(b)(7) retirement account. In support of this request form, I hereby certify that all information provided in this request form by me is true and accurate, and that:

- I hereby waive my right to a 30-day period in which to consider whether or not to elect a direct rollover.
- With respect to my withholding election in Section 4 above (Income Tax Withholding), I acknowledge that I have read the attached IRS Form W-4R and its instructions. (Form W-4R is attached for informational purposes only and does not need to be completed.)
- If applicable, I take full responsibility for satisfying the Required Minimum Distribution requirements of Section 401(a)(9) of the Internal Revenue Code and I am aware that a separate form should be completed to establish a schedule of distribution payments.

7 PARTICIPANT CERTIFICATION AND SIGNATURE CONT.

Under the penalties of perjury, I certify that [1] the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, [2] I am not subject to backup withholding either because: (a) I am exempt from backup withholding, or (b) I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends, or the Internal Revenue Service ("IRS") has notified me that I am no longer subject to backup withholding, [3] I am a U.S. person (including a U.S. resident alien) and [4] the Foreign Account Tax Compliance Act ("FATCA") code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is (are) correct. If you are exempt from FATCA reporting (if you are unsure, consult your tax advisor or the IRS), enter your exemption from FATCA reporting code (if any) here: _____. NOTE: Strike out item [2] if you have been notified that you are subject to backup withholding by the IRS and you have not received a notice from the IRS advising you that backup withholding has been terminated.

The IRS does not require your consent to any provision other than the certifications required to avoid backup withholding.

I acknowledge that I have been advised to seek professional tax advice with respect to the requested distribution, if applicable, and that I am solely responsible for any and all tax consequences of the distribution. I agree to hold the Employer/Plan Administrator and Custodian harmless with respect to any tax consequences. I understand a valid transfer, if requested, requires that my Employer approve the transfer to the new investment provider named above. I am aware that under certain situations I am required to obtain a Medallion Signature Guarantee in proper form. Please contact us for details on whether a Medallion Signature Guarantee is required.

If I have requested a hardship withdrawal I confirm that I have satisfied Internal Revenue Code requirements to receive a hardship withdrawal and that I have provided evidence to my Employer or plan administrator, sufficient for the processing of this distribution including limiting my request to the amount of my financial need.

NAME (PRINT)

PARTICIPANT SIGNATURE

DATE

8 EMPLOYER AUTHORIZATION

I hereby certify that the employee is eligible for the transfer or distribution requested above. If a transfer is requested to another investment provider within my existing plan, I understand that the investment provider must be eligible to receive the transfer. I understand that if the employee is part of a 403(b)(7) Plan subject to Title I of ERISA, it is my responsibility to ensure that the Plan complies with the requirements of Title I of ERISA.

If a hardship withdrawal is requested, I acknowledge that the amount requested by the employee is available for a hardship withdrawal and meets the requirements of the Code, regulations and Plan.

EMPLOYER NAME (print)

CAPACITY (example: employer)

SIGNATURE

DATE

MEDALLION SIGNATURE GUARANTEED BY:

Medallion Signature Guarantee Requirement

The Transfer Agent has adopted standards and procedures pursuant to which Medallion Signature Guarantees in proper form generally will be accepted from domestic banks, brokers, dealers, credit unions, national securities exchanges, registered securities associations, clearing agencies and savings associations participating in the New York Stock Exchange Medallion Signature Program (MSP), the Securities Transfer Agents Medallion Program (STAMP) and the Stock Exchanges Medallion Program (SEMP). Notarization by a Notary Public is not an acceptable guarantee.

MAILING INSTRUCTIONS

Mail this form to:

BNY Shareholder Services

P.O. Box 534434

Pittsburgh, PA 15253-4434

For registered, certified or overnight mail, please send to:

BNY Shareholder Services

Attention: 534434

500 Ross Street, 154-0520

Pittsburgh, PA 15262

For assistance: 1-800-358-0910

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 2025, 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 for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense 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 \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, 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 \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is

greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" 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.

