

Non-Periodic Distribution Directive*

*Also used for Broker-Dealer Enhanced Paying Agent Services.

Participant/Beneficiary Information			Financial Institu						
Social Security Number: Name:			Financial Institution for Direct Rollover: Financial Institution or Alternate Participant Address:						
									Address:
City:	State:	Zip:	City:			S	tate:	Zip:	
Payment Detail			Taxability						
Total Gross Payment Amount \$			Taxable Income		a/Poth Pacic		\$		
Less Federal Tax Withholding \$	Federal Tax Withholding \$		 EE After-Tax Contribution/Roth Basis Gain/Loss 				<u>\$</u> \$		
Less State/Local Tax Withholding \$				signated	Roth Contribution	on	\$		
<u> </u>			 First Year of Designated Roth Contribution Cost Basis \$ NUA 				\$		
Transfer in-Kind: Market Value \$		_	Symbol $\frac{\Psi}{}$			CUSIP	Ψ		
Transfer Detail (number of shares) Net Check Amount				Total Distribution		_	Yes	s No	
Net Check Amount \$	\$		Taxable Amount Not Determined			Yes	No		
Payment Type: Check/Regular Mai		ACH/EFT (If ACH or	r Wire, fill out fields	below.)	Transf	er to Schv	vab Acc	ount Ta	ıx Form Only
		Account Number				Check	ing	Savings	
FBO/FFC (further credit)									
FBO/FFC (further credit)Schwab Account Number									
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Authorized Signature

Signature(s) and Date(s) Required								
X								
Authorized Signature	Print Name	Date						
Title	Company							