

## PERIODIC DISTRIBUTION FORM

To: Fiduciary Trust International 100 Fountain Parkway St. Petersburg, FL 33716 Attn: Pension Payroll  AUTHORIZING SIGNATURE(S) OF PLAN REPRESENTATIVE(S):  X										
To: Fiduciary Trust International 100 Fountain Patway St: Petershup, E. 33 16 Attn: Pension Payroll  Authorized Signature  X		Account Number								Plan Name
Authorized Signature  Date of birth (mm/dd/yyyy)  (required)  (required)  (try  Stat  Whether State income taxes are determined by the participant's legal residence. If the participant becomes a legal residence on file, the state deduction, if any, will be discontinued. To begin state taxes for the new state, you must submit a new withh Note 2: If the participant moves out of the United States, Non-Resident Alien Taxes may have to be deducted.  2 EVENT  CHECK ONE:  Death-Enter Date of Death:  If the box above is checked, do not complete Sections 3 a discontinue payments immediately, unless noted.  1 = Early (premature) distribution, no known exception  2 = Early (premature) distribution, exception applies  3 = Disability  Other-Specify IRA Distribution Code to be used:  3 PAYMENT DATA  Mentity (Periodic) Payment  Begin Date  End Date  IMABEL All  Authorized Signature  In the participant becomes a legal residence. If the participant becomes a legal residence on file, which is a submit a new within the new state, you must submit a new within the participant's a submit a new within the new state, you must submit a new within the new state, you must submit a new within the new state, you must submit a new within the new state, you must submit a new within the new state, you must su					Date   				way 33716	100 Fountain Park St. Petersburg, FL
Authorized Signature  Check here for change of address only. (Do not complete other sections, unless required.)  Participant first name (required)  M.I. Last name  City  Stat  Authorized Signature  Date of birth (mm/dd/yyyy) Signature)  (required)  (requir						5):	SENTATIVE(S	N REPR	TURE(S) OF PLAI	AUTHORIZING SIGNA
PAYEE DATA  Check here for change of address only. (Do not complete other sections, unless required.)  Date of birth (mm/dd/yyyy)  Crequired)  All. Last name  Date of birth (mm/dd/yyyy)  Crequired)  City  Stat  Check address (required)  City  Stat  Check address (optional)  Death-Enter Date of Death:  If the participant becomes a legal residence. If the participant becomes a legal re										<
Check here for change of address only. (Do not complete other sections, unless required.)  Participant first name (required)  M.I. Last name  City  City  Stat  Check address (required)  City  Stat  Check address (optional)  City  Stat  Check address (required)  City  Stat  Check address (required)  City  Stat  Check address (optional)  City  Stat  Check address (required)  City  Stat  Check address (optional)  City  Stat  Check address (required)  City  Stat  Check address (required)	ture	Authorized Signature Authorized Signature								Authorized Signature
Participant first name (required)  M.I. Last name  City  State (required)  City  State income taxes are determined by the participant's legal residence. If the participant becomes a legal resident of mile, the state deduction, if any, will be discontinued. To begin state taxes for the new state, you must submit a new withh Note 2: If the participant moves out of the United States, Non-Resident Alien Taxes may have to be deducted.  EVENT  CHECK ONE:    Death-Enter Date of Death:   If the box above is checked, do not complete Sections 3 discontinue payments immediately, unless noted.   4 = Death   7 = Normal distribution   4 = Death   7 = Normal distribution   6 = Direct Rollover to IRA/Qualified Plan/TSA   Monthly (Periodic) Payment   Begin Date   End Date   TAXABLE AN Retroactive Payment: for the period   8   Supplement Payment   5										1 PAYEE DATA
Participant first name (required)  M.I. Last name (required)  City State income taxes are determined by the participant's legal residence. If the participant becomes a legal resident of file, the state deduction, if any, will be discontinued. To begin state taxes for the new state, you must submit a new with Note 2: If the participant moves out of the United States, Non-Resident Alien Taxes may have to be deducted.  2 EVENT  CHECK ONE:    New Setup			ired.)	ss require	ions, unle	her sect	t complete ot	y. (Do n	ge of address onl	☐ Check here for char
Check address (optional)  Check of the participant moves out of the United States, Non-Resident Alien Taxes may have to be deducted.  Check of the participant moves out of the United States, Non-Resident Alien Taxes may have to be deducted.  Check of the participant moves out of the United States, Non-Resident Alien Taxes may have to be deducted.  Check of the participant moves out of the United States, Non-Resident Alien Taxes may have to be deducted.  Check of the participant to be deducted.  Check of the participant state taxes for the new state, you must submit a new withh voite 2; if the participant becomes a legal resident of the new state, you must submit a new withh voite 2; if the participant becomes a legal resident of whith the new state, you must submit a new withh voite 2; if the participant becomes a legal resident of the new state, you must submit a new withh voite 3; if the participant is the taxes for the new state, you must submit a new withh voite 4.  Check one:  Check of the participant very may have to be deducted.  Check one:  Check one:  Check one:  Check one:  Check one:  Check one:  Check of the participant very may have to be deducted.  Check one:  Check one:  Check one:  Check one:  Check of the participant very may have to be deducted.  Check one:  Check o	Social Security Number (required)						Last name	M.I.	required)	Participant first name (
Note 1: State income taxes are determined by the participant's legal residence. If the participant becomes a legal resident of in file, the state deduction, if any, will be discontinued. To begin state taxes for the new state, you must submit a new withh lote 2: If the participant moves out of the United States, Non-Resident Alien Taxes may have to be deducted.    2	ite Zip	State				City			s (required)	egal residence addres
In file, the state deduction, if any, will be discontinued. To begin state taxes for the new state, you must submit a new withh Note 2: If the participant moves out of the United States, Non-Resident Alien Taxes may have to be deducted.    Verent	ite Zip	State				City			1)	Check address (optional
Death-Enter Date of Death:										
Death-Enter Date of Death:		e deducted.	y have to be	axes may h	t Alien T	-Reside	d States, Non-	he Unite	nt moves out of t	Note 2: If the participa
New Setup   Change   If the box above is checked, do not complete Sections 3 discontinue payments immediately, unless noted.   1 = Early (premature) distribution, no known exception   4 = Death   7 = Normal distribution   3 = Disability   G = Direct Rollover to IRA/Qualified Plan/TSA										2 EVENT
Monthly (Periodic) Payment  Retroactive Payment: for the period  Regular Monthly Payment: to commence on		Qualified Plan/TSA			='	_	1			☐ <b>3</b> = Disability
Retroactive Payment: for the period Regular Monthly Payment: to commence on									ı	3 PAYMENT DATA
Regular Monthly Payment: to commence on	11	TAXABLE AMOUNT	te	End Date	1		Begin Date	1	Payment	☐ Monthly (Periodic)
Supplement Payment  Other—Specify amount to be paid, frequency, start date and taxability below.  Begin Date  End Date  to  to  to  to  to  to  to  to  to					to					
Supplement Payment  Other—Specify amount to be paid, frequency, start date and taxability below.  Segrin Date  End Date  to  to  to  to  to  to  to  to  to	\$				to			nce on	ment: to comme	
Other—Specify amount to be paid, frequency, start date and taxability below.   Begin Date  End Date  to  to  to  to  to  to  to  to  to	\$				to					
4 DEDUCTIONS  Begin Date End Date  Line Line Line Line Line Line Line Line	\$   \$									
Begin Date					mity below	TU TAXAL	, start uate ar	Tequenc	ount to be paid, i	J Other—Specify and
										4 DEDUCTIONS
	AMOUNT	End Date		I	egin Date I	В	I			1
	\$		to [			L				
	\$		to [			L				
	\$		to [			L				
	\$		to	111	<u> </u>	L				
	\$		to			L				
ATTACHMENTS The following forms are enclosed with this authorization (check all that apply)		y)	all that apply)	(check all	orization	his autl	nclosed with t	ms are	The following for	5 ATTACHMENTS