



Request for Required Minimum Distribution (RMD)

From Section 457 Governmental Plans

Instructions Please print using blue or black ink. Send completed form to the following address or fax it to 1-866-439-8602. If faxing, please keep original for your records.

Prudential
PO Box 5410
Scranton, PA 18505-5410

Questions?
Call 1-888-71-ALOHA
for assistance.

About You

| | | | |
|---|-----------------|-------------------------|--|
| Plan number | Sub plan number | 000001 State of Hawaii | 000004 County of Maui |
| <u>3</u> <u>0</u> <u>0</u> <u>4</u> <u>1</u> <u>1</u> | _____ | 000002 County of Hawaii | 000005 County of Hawaii Water District |
| | | 000003 County of Kauai | 000006 Waialae Charter School |

| | |
|------------------------|--------------------------|
| Social Security number | Daytime telephone number |
| ____-____-____ | ____-____-____ |
| | <i>area code</i> |

| | | |
|------------|-------|-----------|
| First name | MI | Last name |
| _____ | _____ | _____ |

Address

| | | |
|-------|-------|-----------|
| City | State | ZIP code |
| _____ | _____ | ____-____ |

| | |
|-----------------------|---|
| Date of birth | Gender |
| ____/____/____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| <i>month day year</i> | |

If you are not the original account owner of the above plan, please indicate if this account is one of the following:

- Spousal Beneficiary
- Non-Spousal Beneficiary
- Alternate Payee under Qualified Domestic Relations Order (QDRO)

Are you still employed by the employer sponsoring the plan? Yes No

Date employment ended (if applicable)

____/____/____

month day year



For Married Participants

Please complete this section if your spouse is the sole beneficiary of this account and is more than 10 years younger than you.

Enter your spouse's date of birth:

_____|_____|_____|_____|_____|_____|
month day year

Enter your spouse's name: _____

Enter your spouse's Social Security number: _____-_____-_____-_____-_____-_____-

Electing Your RMD

Please note this section only applies to your initial Required Minimum Distribution. If you have already received your initial RMD, this election will be disregarded.

Section A. First Time RMD

Only newly RMD eligible participants must complete sections A & B.

Please process my initial RMD payment on approximately the 20th of _____ (please indicate month). If this form is not received in good order by the 15th of the elected month, the RMD will be issued in the next available month. A blank or invalid election will result in your payment being issued by the deadline set by the Internal Revenue Service (IRS).

If you are currently receiving installment payments from the plan, those payments will be applied toward satisfying your annual RMD. If you choose a month in this section, the amount of your annual RMD not yet satisfied with the installments paid in the current calendar year will be paid to you in the month you elected. Also, your scheduled installments will continue for the remainder of the year.

Section B. Ongoing RMD

All RMD participants must complete section B.

Please process my annual RMD payment each year on approximately the 20th of _____ (please indicate month). If this form is not received in good order by the 15th of the elected month, the RMD will be issued in the next available month with future payments resuming annually under the originally elected month. If a month is not provided, the payment month will be defaulted to October. If you are currently receiving installment payments from the plan and have not elected a month in which to receive your RMD, the payment month will be defaulted to December.

If you are currently receiving installment payments from the plan, those payments will be applied toward satisfying your annual RMD. If you choose a month in this section, the amount of your annual RMD not yet satisfied with the installments paid in the current calendar year will be paid to you in the month you elected. Also, your scheduled installments will continue for the remainder of the year.

Election For Withholding of Federal Taxes For RMD

Federal tax laws require us to withhold income taxes from the taxable portion of a retirement plan distribution. Some states also require withholding from the taxable portion of your distribution if federal income tax is withheld. RMD's are not eligible for rollover and are subject to 10% federal tax withholding unless you elect otherwise. You can elect to have no federal taxes withheld by checking the box below. **If you elect out of withholding, you are still responsible for payment of any taxes due, and you may incur penalties if your withholding and/or estimated tax payments are not sufficient.** If you do not check one of the options below, 10% federal income tax withholding will be automatically deducted from your payment. You can change your withholding election at any time by calling the toll free number on this form. This election applies until revoked.

- 1. I elect to have federal income tax withheld at 10% from the taxable amount of my distribution.
- 2. I elect **not** to have federal income tax withheld from my distribution.
- 3. I elect **to have** federal income tax withheld at either the following percentage or dollar amount. The federal withholding calculated from your election below must be at least 10% of the taxable distribution amount.

_____ % or \$ _____ .00

**Election For
Withholding
of State
Income
Taxes**

- A. **Mandatory State Withholding:** If you reside in a state where state income tax withholding is mandatory **AR, CA*, DC (mandatory for total single sum distributions only), DE, IA, KS, MA, MD (mandatory for eligible rollover distributions only, subject to 20% mandatory federal withholding), ME, MI (see below), NC, NE, OK*, OR*, VA or VT*** applicable withholding will be deducted automatically, unless an election out is applicable (see below). Note: Some states require withholding if federal income tax is withheld from the distribution.

If you are a resident of **IA**, have federal income taxes withheld, and receive one or more distributions totaling more than \$6,000 in the calendar year, **IA** income taxes are required to be deducted for the amount over \$6,000.

- My resident state is **AR, DE, KS, ME, NC, NE, or VA (for NE and VA, election out is allowed for payments from IRA's only)** and I do not want state income tax withholding deducted from my distribution. (An election out of **AR, DE, KS, ME, NC, or VA** state tax is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.) *Important note to Maine (ME) residents. If you elect out of ME withholding, you must either have elected out of federal withholding, or have no Maine State tax liability in the prior or current years.*
- *My resident state is one of the following: **CA, OK, OR, **VT** and withholding is required if federal income tax is withheld, unless I elect out of state withholding. By checking this box I am electing out of state withholding. **An election out is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.

My resident state is **MI** and withholding of 4.25% is required, unless my payments are not taxable and I opt out.

- My resident state is **MI** and I would like to opt out of **MI** withholding. Note: Opting out may result in a balance due on your **MI 1040** as well as penalty and/or interest.
- My resident state is **MI** and if my payments are taxable, I wish to have **MI** state withholding based on the number of exceptions selected. I have entered the number of exemptions below:
_____ Enter the number of personal exemptions allowed on your Michigan Income Tax Return (MI-1040). The total number of exemptions you claim may not exceed the number of exemptions you are entitled to claim when you file your **MI-1040**. Withholding will be computed at the percentage determined by the state after subtracting your personal exemption allowances.
- My resident state is **MI** and I am requesting _____% additional **MI** state tax withheld from my payment. This amount must be a whole percentage.

- B. **Voluntary State Withholding:** Please check the appropriate box below. If state income tax withholding is not mandatory in your state, you may be allowed to request state tax withholding. If your state of residence is not listed, or if you choose a method of withholding that is not offered for your state, we cannot withhold state income tax.

- I reside in one of the following voluntary withholding states: **AL, CO, CT, DC (voluntary for partial and systematic distributions), GA, HI, ID, IA (voluntary if no federal tax withheld) IL, IN, KY, LA, MD (non-eligible rollover distributions only), MA (voluntary if no federal income tax withheld), MN, MO, MS, MT, ND, NE, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV (NE and VA state withholding is voluntary for payments from IRA's only)** and would like state income tax withheld. (Specify a percentage or dollar amount to be withheld.)
_____ % or \$ _____

- I reside in one of the voluntary withholding states listed above and I do not want state income tax withholding deducted from my distribution.

- C. **No State Withholding:** Some states do not have state income tax withholding.

- My resident state is one of the following: **AK, FL, NV, NH, SD, TN, TX, WA, WY** and there is no state income tax withholding.
- My resident state is **AZ** and there is no state income tax withholding on non-periodic (single sum) payments.

Electronic Funds Transfer (EFT)

(Complete this section only if you choose to have your payment(s) sent by EFT)

If you would like your disbursement sent to you via EFT, please provide the information below.

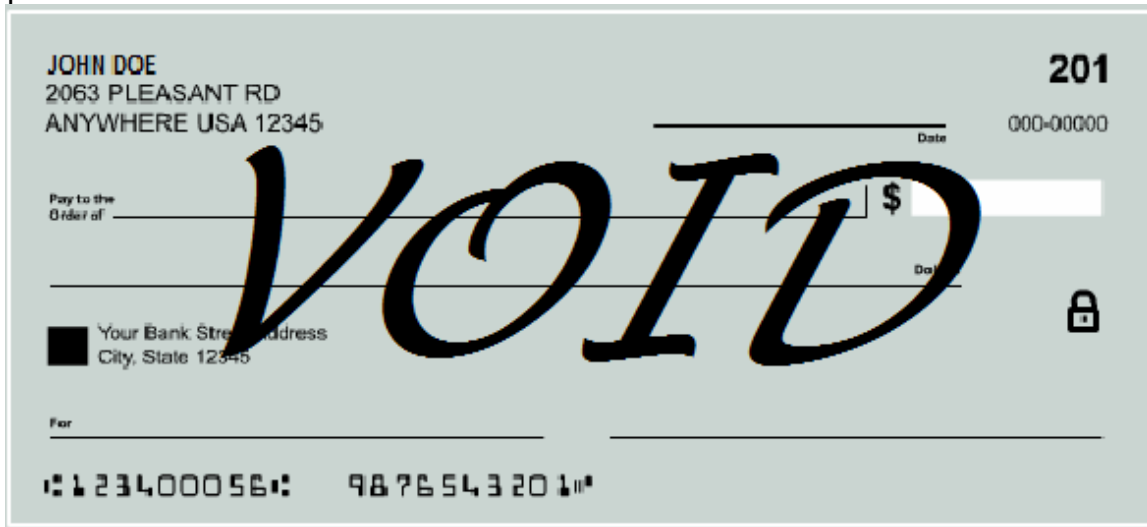
Type of Account (please choose one):

- Checking (Must attach a voided check below, or include a letter from your financial institution, with participant's name, checking account number, and ABA routing number)
- Savings (Must include a letter from your financial institution with participant's name, savings account number, and ABA routing number)

IMPORTANT: Your EFT payment may result in a check payable to you if:

- Your voided check or financial institution letter is not included
- All of the necessary information is not provided
- If this section does not apply to your disbursement request

Please Tape Voided Check Here:



I have carefully read this form and I hereby authorize Prudential to make this Plan payment(s) to the financial institution listed above in the form of Electronic Fund Transfer (EFT). I understand Prudential is not responsible for any losses associated with incorrect information provided (e.g. wrong banking instructions). The credit will typically be applied to your account within 2 business days of being processed.

In the event that an overpayment is credited to the financial institution account listed above, I hereby authorize and direct the financial institution designated above to debit my account and refund any overpayment to Prudential. This authorization will remain in effect until Prudential receives a written notice from me stating otherwise and until Prudential has had a reasonable chance to act upon it.

Your Authorization

I understand the information I have provided herein will be relied upon in processing my request. I am responsible for its accuracy in the event any dispute arises with respect to this transaction.

If there are investment options available through your retirement account that are subject to the fund's market timing policies, you may be subject to restrictions or incur fees if you engage in excessive trading activity in those investments. You may wish to review the fund prospectus or your retirement account's market timing policy prior to submitting this transaction request. If a fee applies to the transaction, you will be able to view the details after the transaction is processed by logging on to the retirement internet site at www.prudential.com/online/retirement.

 X _____ Date _____
Participant's signature