Denver Public Schools 403(b) Plan

Permissible Withdrawal of Automatic Enrollment Elective Deferrals Form

☐ Group ID # 10021001

VALIC Retirement Services Company (VRSCO)

1. CLIENT INFORMATION

Please print clearly.

Name (first, middle, last): _____ SSN: _____

Phone Numbers: (1) (_____)_____ (2) (_____) _____

2. WITHDRAWALS – 90-Day Opt-Out Provision (Permissible Withdrawal)

The plan allows participants to request a withdrawal of salary deferral contributions made through automatic enrollment.

The following guidelines will apply:

- The participant must request the withdrawal within 90 days of the date the first amounts were withheld from pay through the automatic enrollment.
- The effective date of the withdrawal election must be no later than earlier of (1) the pay date for the second payroll period that begins after the date the election is made or (2) the first pay date that occurs at least 30 days after the election is made.
- The withdrawal must be for the entire amount of the deferrals withheld.
- The withdrawal of the deferral amount will be adjusted for any investment gains or losses.
- The participant cannot roll over the withdrawal to another retirement plan or IRA.
- The withdrawal is taxable income in the year of the withdrawal and will be reported on IRS Form 1099-R no later than January 31st of the year following the year of the withdrawal.
- The 10% early withdrawal federal excise tax does not apply to the withdrawal.
- Spousal consent is not required.
- Mandatory 20% Federal income tax withholding does not apply to this withdrawal.
- Any related match must be forfeited and not distributed to the participant, if applicable.

3. CLIENT CERTIFICATION

Please check the statement below authorizing this withdrawal and return this signed document with your withdrawal request form.

☐ I hereby request a withdrawal of my salary deferral contributions, adjusted for any investment gains or losses, from the plan under the Automatic Contribution Arrangement.

Address: _____

City: _____ State: _____ ZIP: _____

I certify that all statements are complete and accurate to the best of my knowledge and belief.

_____
Client's Name

_____ _____
Client's Signature Date

4. PLAN ADMINISTRATOR'S APPROVAL — IF APPLICABLE

I approve this withdrawal in accordance with the current plan provisions and all applicable laws and regulations. I hereby certify that no more than 90 days have passed since the date such funds were withheld. I verify that the information provided on this form for purposes of this withdrawal is correct to the best of my knowledge.

_____
Plan Administrator (Print Name)

_____ _____
Plan Administrator or Authorized Representative Signature Date

Please fax this form and any documentation to 1-877-202-0187 or mail to the address below for processing:

VALIC Document Control
P.O. Box 15648
Amarillo, TX 79105-5648

If overnight delivery:

VALIC Retirement Services Company
1050 N. Western St.
Amarillo, TX 79106-7011