Navicent Health 403(b) Retirement Saving Plan
Pension Protection Act of 2006
Permissive Distribution Form

Group ID# 04082004

corebridge financial

VALIC Retirement Services Company (VRSCO)

1. CLIENT INFORMATION

Please print clearly.

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

Date of Separation from Service (MM/DD/YY): _____

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

2. WITHDRAWALS – 60-Day Opt-Out Provision (Permissive 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 60 days of the date the first amounts were withheld from pay through the automatic enrollment.
- 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 penalty does not apply to the withdrawal.
- Spousal consent is not required.
- Mandatory 20% Federal income tax withholding does not apply to this withdrawal.
- The related Employer matching contribution will be forfeited and not distributed to the participant.

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

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

Overnight delivery: VALIC Document Control
1050 N. Western St.
Amarillo, TX 79106-7011