



\$457 DEFERRED COMPENSATION PLAN DISBURSEMENT REQUEST (To be completed by the Plan Administrator)

Form fields for CONTRACTOWNER'S EMPLOYER NAME, PARTICIPANT'S PHONE NUMBER, PARTICIPANT'S CONTRACT NUMBER, PARTICIPANT'S NAME, PARTICIPANT'S BIRTHDATE, PARTICIPANT'S SOCIAL SECURITY NO., PARTICIPANT'S PERMANENT MAILING ADDRESS (STREET / P.O. BOX), CITY, STATE, ZIP CODE.

- 1. To whom will payments be made? If payment will be made to any party other than Contract Owner (Employer), see reverse side for additional information.
- Participant
- Participant's Beneficiary
- Another 457 Carrier (Letter of Acceptance required)
- Rollover to IRA (Letter of Acceptance required)
- Rollover to TSA (Letter of Acceptance required)
- Other

PAYEE NAME FIRST MIDDLE LAST (STREET / P.O. BOX) CITY STATE ZIP CODE

- 2. Reason for Withdrawal
- Termination of employment
- Retirement
- Disability
- Death
- Unforeseeable emergency (The employer must certify that the emergency is a severe financial hardship as defined by the regulations and that no benefits in excess of the amount allowed by the rules covering unforeseeable emergencies is withdrawn see reverse side for additional information.)
- Other

- 3. The method of disbursement will be
- Full surrender value - lump sum
- Partial withdrawal - lump sum \$ _____ or _____ %
- Planned withdrawal \$ _____ or _____ % each year to be paid in monthly quarterly semi-annual annual installments
NOTE: I understand that each payment must be at least \$300 and that installment payments will continue until I die or my account value is depleted.
- Settlement Option Full Account Value Partial Account Value \$ _____ OR _____ % of Account Value.
- Required Minimum Distribution to satisfy minimum distribution requirements. Attach ReliaStar Life Insurance Company's RMD Form No. 15487.

- 4. Complete this section ONLY if a Settlement Option is requested.
- Period certain only: _____ years (5 to 30 years) Annuity payments to begin: _____ annual semi-annual quarterly monthly
- Provide income of \$ _____ for _____ years (5 to 30 years)
- Life Annuity only (no refund to beneficiary)
- Life Annuity with period certain _____ years (5 to 30 years)
- Joint and Survivor 100% 66-2/3% 50% (reduction on 1st death)
- Joint and Contingent 66-2/3% 50% (reduction only on death of primary annuitant)
- Send checks to my bank for Direct Deposit. (Applicable only if checks are payable to the participant.) Attach Direct Deposit Authorization Form 03605.

NOTE: If a life income is elected attach your birth certificate (the original or a notarized copy). If a joint option is elected, attach your spouse's birth certificate (the original or a notarized copy).

- 5. Complete this section for variable products only. Please indicate the funds you would like the withdrawal taken from. If you do not specify any funds, the withdrawal will be taken pro rata. Please refer to your contract when requesting a withdrawal from Fixed Account B#181.

Table with 6 columns: FUND NAME, FUND #, AMOUNT OR %, FUND NAME, FUND #, AMOUNT OR %

- 6. The undersigned certifies that the payment requested is in accordance with the terms of the Plan, applicable law and regulations, and that any withdrawal for an unforeseeable emergency is in full compliance with the regulations covering Section 457 Deferred Compensation Plans.

Dated this _____ day of _____, YEAR. Employer: _____ By _____ PLAN ADMINISTRATOR SIGNATURE

For IRS purposes, I certify under penalty of perjury that the number shown on this form is my correct Taxpayer Identification Number. I understand that the payment election I have made is irrevocable. I also acknowledge receipt of a copy of this form and understand the information on the reverse side.

Dated this _____ day of _____, YEAR. PARTICIPANT SIGNATURE

TAX WITHHOLDING

ReliaStar Life Insurance Company may effect withholding from distributions only if the Contractowner has appointed ReliaStar Life Insurance Company to do so by submitting to ReliaStar Life Insurance Company IRS Form 2678, Employer Appointment of Agent. IF THIS FORM IS NOT CURRENTLY ON FILE WITH RELIASTAR LIFE INSURANCE COMPANY, DISTRIBUTIONS MUST BE PAYABLE AND SENT TO THE CONTRACTOWNER.

Under Federal Income Tax law, distributions from Deferred Compensation plans are considered payment of wages subject to IRS wages withholding rules. These rules DO NOT PERMIT an election to not have amounts withheld from distributions. If any part of this payment is exempt from the 20% mandatory Federal Income Tax withholding, complete IRS form W-4P. **Federal Income Tax laws require that a current W-4 Form accompany this request for purposes of calculating proper withholding. In the absence of Form W-4, withholding will default to the rate applicable to married and three dependents.**

UNFORESEEABLE EMERGENCY

An unforeseeable emergency is a severe financial hardship to the Participant, either before or after benefits have commenced, resulting from a sudden and unexpected illness or accident of the Participant or of a dependent (as defined in Code Section 152(a)) of the Participant, loss of the Participant's property due to casualty, or other similar or extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the Participant.

The event will not constitute an unforeseeable emergency to the extent that the hardship is or may be relieved by (1) reimbursement or compensation by insurance or otherwise, (2) liquidation of assets by the participant (to the extent that such asset liquidation would not cause severe financial hardship) or (3) cessation of deferrals under the plan.