

QUALIFIED DOMESTIC RELATIONS ORDER (QDRO) PAYOUT REQUEST FORM

Social Security Number

□□□-□□-□□□□

Plan Number:

47130

Plan Name: TTT West Coast, Inc. 401(k) Retirement Savings Plan

Alternate Payee Information

Alternate Payee's Social Security Number: _____ -- _____ -- _____

Alternate Payee's Name: _____

Last

First

Middle Initial

Alternate Payee's Address: _____

Street

City

State

Zip

Note: The percentage or amount of the Participant's Account you are entitled to will be based on the Plan Administrator's direction pursuant to the qualified domestic relations order.

Participant Information

Participant Name: _____

Last

First

Middle Initial

Participant Address: _____

Street

City

State

Zip

Form of Payment

You should review the QDRO Payout Notice and consult with your tax advisor before completing this form to determine all of the income tax consequences to you for any election you make. Select the form of payment in which you want to receive your vested Account balance from the Plan.

1. **Lump Sum Distribution** - This distribution will be paid directly to you. Twenty percent (20%) Federal Income Tax will automatically be withheld from the taxable portion of your distribution if you are the spouse or former spouse of the Participant. Withholding will not apply to taxable distributions under \$200 or distributions of Employee after-tax Contributions, qualified Roth distributions, or any amounts which are not eligible for rollover.

2. **Direct Rollover** - This option is only available to the spouse or former spouse of the Participant. - This is a distribution directly to one of the following (**Please select an option below**):

Include my after-tax money in this rollover. Note: If this box is not checked then you will receive a check for the after-tax portion of your account.

a. **Fidelity Individual Retirement Account** Please select an option below):

Note: Balances in all mutual funds eligible for in-kind distribution will be transferred in-kind to your Fidelity Traditional IRA. All other investments will be liquidated and invested in Fidelity Cash Reserves, a money market fund. The funds will be deposited directly into your IRA account and you will receive a confirmation by mail from Fidelity. Please note, the determination of which non-Fidelity funds are eligible for in-kind distribution will be made as of the date the distribution is processed and not as of the date the transaction is initiated.



5VECMQDRO013

New Fidelity IRA - If this is a new Fidelity Traditional IRA, Fidelity Rollover IRA or Fidelity Roth IRA, complete the appropriate IRA application and return as instructed in the IRA application

Existing Fidelity IRA - If this is an existing Fidelity Traditional IRA, Fidelity Rollover IRA or Fidelity Roth IRA, please select the type of IRA below and provide your **IRA account number**:

Traditional IRA

Rollover IRA

Roth IRA

IRA account number: _____

b. **Other Individual Retirement Account** - Complete the **Direct Rollover Information** section of this form.
Note: A traditional IRA does not include a SIMPLE IRA.

c. **Employer's Retirement Plan** - Complete the **Direct Rollover Information** section of this form.
Note: A direct rollover may be made to a qualified 401(a) plan, 403(a) annuity plan, 403(b) tax-sheltered annuity or governmental 457 plan. Please check with the Plan Administrator of your Employer's Retirement Plan to determine if the plan will accept the direct rollovers.

3. **Combination: Lump Sum and Eligible Rollover** - This option is only available to the spouse or former spouse of the Participant.

Lump Sum Distribution - _____% (specify percentage of the distribution amount to be paid directly to you and then select a direct rollover option below for the remaining balance).

Direct Rollover - This will be the remaining amount of the distribution to one of the following:
(Please select an option below):

a. **Fidelity Individual Retirement Account** (Please select an option below):
Note: Balances in all mutual funds eligible for in-kind distribution will be transferred in-kind to your Fidelity Traditional IRA. All other investments will be liquidated and invested in Fidelity Cash Reserves, a money market fund. The funds will be deposited directly into your IRA account and you will receive a confirmation by mail from Fidelity. Please note, the determination of which non-Fidelity funds are eligible for in-kind distribution will be made as of the date the distribution is processed and not as of the date the transaction is initiated.

New Fidelity IRA - If this is a new Fidelity Traditional IRA, Fidelity Rollover IRA or Fidelity Roth IRA, complete the appropriate IRA application and return as instructed in the IRA application.

Existing Fidelity IRA - If this is an existing Fidelity Traditional IRA, Fidelity Rollover IRA or Fidelity Roth IRA, please select the type of IRA below and provide your **IRA account number**:

Traditional IRA

Rollover IRA

Roth IRA

IRA account number: _____

b. **Other Individual Retirement Account** - Complete the **Direct Rollover Information** section of this form.
Note: A traditional IRA does not include a SIMPLE IRA.

c. **Employer's Retirement Plan** - Complete the **Direct Rollover Information** section of this form.
Note: A direct rollover may be made to a qualified 401(a) plan, 403(a) annuity plan, 403(b) tax-sheltered annuity or governmental 457 plan. Please check with the Plan Administrator of your Employer's Retirement Plan to determine if the plan will accept the direct rollovers.

4. **Installments Over A Period of Time** - Complete the information below. Federal Income Tax withholding may not apply under certain situations unless you elect withholding on IRS Form W-4P.

a. Date of first Payment: _____

b. The term of the installments shall be based on:

- i. My life expectancy* Number of years _____
- ii. My life expectancy* and my Beneficiary's life expectancy* Number of years _____
- iii. \$ _____ Per installment

c. Frequency of installments in option b. ___

* The life expectancy as determined in IRS Regulations. **Life expectancy values must be provided by the participant to Fidelity.**

State Tax Withholding

Some states have mandatory income tax withholding requirements and do not allow individuals to elect out of withholding. Fidelity will withhold State Income Tax as required if Federal Income Tax is also being withheld, unless you elect out of withholding. Please check with the Plan Administrator to determine if State income tax applies. If State income tax withholding applies (check an option below):

- I want state income tax to be withheld from my distribution.
- I do not want state income tax to be withheld from my distribution.

Note: Notwithstanding the above election, state income tax will be withheld if required.

Direct Rollover Information

Complete this section if you elected a Direct Rollover all or a portion of your distribution to your Employer's Retirement Plan or a non-Fidelity IRA under the Form of Payment Section.

If you request a direct rollover, a check will be mailed directly to you as the spouse or former spouse who is an alternate payee under a QDRO. The check will be issued payable to the custodian or trustee based upon the information listed below and will contain the notation "direct rollover." A qualified 401(a) plan, a 403(a) annuity plan, a 403(b) tax-sheltered annuity or a governmental 457 plan may refuse to accept an eligible rollover distribution. Please check with your employer to determine if its plan will accept your distribution.

For direct rollover to non-Fidelity IRA or your employer's retirement plan:

Custodian/Trustee Name _____

Plan Name _____

Account Number _____

Account Type(s) _____

Alternate Payee Signature

I acknowledge that I have received from the Plan Administrator the Qualified Domestic Relations Order Payout Notice and the Special Tax Notice Regarding Plan Payments. I hereby consent to a distribution prior to the Participant's attainment of earliest retirement age under the Plan if this event has not yet occurred. In addition, I affirmatively elect the payment option in the Form of Payment section of this form and waive the unexpired portion of the minimum thirty-day notice period during which I may consent to a withdrawal from the Plan. I hereby certify that the information on this form is true, accurate and complete.

ALTERNATE PAYEE: _____ DATE: _____

Employer Authorization

Only an authorized signer designated in the Plan's Service Agreement may sign below as the Plan Administrator

As Plan Administrator, I authorize the alternate payee's payout distribution. If the alternate payee is the spouse or former spouse and elects to rollover all or a portion of their distribution under the Form of Payment Section, then I certify that I have obtained adequate information from the alternate payee (as indicated in the Direct Rollover Information Section) that the direct rollover distribution is being distributed to either an eligible retirement plan or an IRA.

PLAN ADMINISTRATOR
PRINT NAME* _____

PLAN ADMINISTRATOR
SIGNATURE (must be an authorized signer)* _____ DATE _____

* Note: The Plan Administrator should both print and sign his/her name in the spaces given.

For Plan Administrator Use

Identify the name and Social Security Number (SSN) of other alternate payees who are entitled to benefits under the Participant's Account and indicate the amount or percentage each is entitled to receive:

<u>Name:</u>	<u>SSN:</u>	<u>Amount/Percent:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: If there are multiple Alternate payee's identified you will need to submit a separate QDRO Payout Request Form for each alternate payee

Form Completion Checklist

Before submitting this form, please verify that you have included the following information:

- Alternate Payee's social security number
- Alternate Payee's signature

- Plan Administrator signature
- Complete custodian/trustee information (if distribution is a rollover out of Fidelity)