

**90-Day Permissible Withdrawal Form****Use blue or black ink only.**

Please note that this withdrawal request may be subject to an administrative review period prior to processing and the investments in your account will not be sold until the withdrawal is processed. The administrative review period may take several business days. Note that your investments may fluctuate with market performance so you may want to redirect or diversify those investments prior to making a withdrawal request. If you initiate a fund transfer during the administrative review period, it may delay the processing of your withdrawal. If you want to make changes to the investments in your account prior to withdrawal, please contact Service Provider or access your account online.

The Archdiocese of St. Louis Lay Employees Retirement Plan**140050-01****Participant Information**

Last Name First Name MI
(The name provided MUST match the name on file with Service Provider.)

Address on My Account

City State Zip Code

- I have confirmed the address on my account by accessing my account online at empowermyretirement.com. If the address on my account does not match the address provided above, there will be processing delays.
- **If I require an address change, I must update my address with my employer who will then need to update the address Service Provider has on file.**
- Once the address is updated, I may submit this form with my new address entered above.

() ()
Home Phone Work Phone

U.S. Social Security/U.S. Taxpayer Identification Number

Account Extension (if applicable)

E-Mail Address

☐ Married ☐ Unmarried Mo Day Year
Select One (Required):
☐ U.S. Citizen ☐ U.S. Resident Alien Date of Birth (Required)
☐ Non-Resident Alien or Other. (Complete 'Non-Resident Alien or Other Certification' section.)

Country of Residence (Required)

Distribution Reason

- ☐ **90-Day Permissible Withdrawal** - due to automatic enrollment into the Plan via an eligible automatic contribution arrangement. This type of distribution is allowed if your salary deferrals have been defaulted by your employer through the Plan's eligible automatic contribution arrangement. This request must be submitted no later than 90 days after the payroll date in which the first default elective contribution is made on your behalf under the Plan's eligible automatic contribution arrangement.

Any employer match attributable to this distribution of your default elective contributions will be forfeited regardless of your vesting percentage in the matching contribution.

If you want to restart deferrals to the Plan, you agree not to do so until after your 90-day permissible withdrawal check has been received by you. The amount of the distribution will be the value of your defaulted elective contributions plus or minus investment gains or losses as of the date the distribution is processed.

Last Name

First Name

M.I.

U.S. Social Security Number

140050-01
Number

Distribution Delivery - Delivery of payment is based on completion of the distribution process, which includes receipt of a complete request in good order **and** additional/required information from your employer.

☐ **Check by United States Postal Service ("USPS") Regular Mail**

- Estimated delivery time is up to 5 business days.
- No additional charge.

☐ **Check by Express Delivery**

- Estimated delivery time is 1-2 business days.
- A non-refundable charge of up to \$40.00 will be deducted, in addition to any distribution fees.
- Available for delivery, Monday - Friday, with no signature required upon delivery.
- If address is a P.O. Box, the check will be sent by USPS Priority Mail and estimated delivery time is 2-3 business days.

Non-Resident Alien or Other Certification (*Only complete if you indicated you are a Non-Resident Alien or Other on the first page of this form.*)

Do not complete if U.S. Citizen or U.S. Resident Alien was indicated on the first page of this form.

Under penalty of perjury, if you checked Non-Resident Alien or Other on the first page of this form, your signature certifies that:

- You are the individual that is the beneficial owner of all the income to which this form relates or you are using this form to document yourself for chapter 4 purposes.
- You are not a U.S. person.
- The income to which this form relates is:
 - a. not effectively connected with the conduct of a trade or business in the United States,
 - b. effectively connected but is not subject to tax under applicable income tax treaty, or
 - c. the partner's share of a partnership's effectively connected income.
- You are a resident of the treaty country listed below under "Claim of Tax Treaty Benefits" (if any) within the meaning of the income tax treaty between the United States and that country.
- You agree that you will submit a Form W8-BEN within 30 days if any certification made on this form becomes incorrect.

Identification of Beneficial Owner

Country of citizenship

Foreign tax identifying number

Permanent resident address (*street, apt. or suite no., or rural route*) **Do not use P.O. Box or in-care of address.**

City or town, state or province. Include postal code where appropriate.

Country

Mailing Address (*if different from above*)

City or town, state or province. Include postal code where appropriate.

Country

Claim of Tax Treaty Benefits (*for chapter 3 purpose only*)

You certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

Special rates and conditions (if applicable): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on the line above to claim a ____% rate of withholding on (specific type of income):

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:

Federal and State Income Tax Withholding**Federal Income Tax**

For your federal income tax withholding election, unless you elect out of withholding below, or otherwise complete the IRS Form W-4R (please go to irs.gov and enter *Form W-4R* into the search bar or call 1-800-TAX-FORM (829-3676)), federal income tax will be withheld at a rate of 10%. If you choose to make an alternate income tax withholding election, then you must complete and attach Form W-4R to this Withdrawal Form.

☐ I elect NOT to have federal income tax withheld from my 90-day permissible withdrawal (must have U.S. residence address on file).

I understand that I am still liable for the payment of federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

If you selected **Non-Resident Alien or Other** on page 1, you must complete the 'Non-Resident Alien or Other Certification' section on this form. You may call 1-800-TAX-FORM (829-3676) or visit irs.gov for further information.

State Income Tax

You should refer to information from the Department of Revenue for your state of residence. If applicable, **you must attach your State Income Tax withholding form to make tax elections when required**. In the event the withholding form is required for your withdrawal and not submitted, Service Provider will withhold in accordance with applicable State regulations.

State Income Tax withholding is mandatory in some states and will be withheld regardless of any election below. Indicate if you would like **additional** State Income Tax withholding:

\$ _____ or _____ %

(This is in addition to any mandatory State Income Tax withheld based on the reason and type of withdrawal.)

Certain states allow an election for no State Income Tax withholding depending on the reason and type of withdrawal selected. For these states only, State Income Tax will be withheld unless you elect otherwise below.

If the checkbox is not marked below, you choose to have State Income Tax withheld from your withdrawal. Indicate if you also would like to have **additional** State Income Tax withholding:

\$ _____ or _____ %

(This is in addition to any elective State Income Tax withheld based on the reason and type of withdrawal.)

☐ Do not withhold State Income Tax (if election is permitted and you have attached the proper election form if required by your state).

Certain states do not require mandatory State Income Tax withholding but allow to elect State Income Tax withholding depending on the reason and type of withdrawal selected.

☐ Check the box, if you would like State Income Tax withheld - **Optional** State Income Tax withholding:

\$ _____ or _____ %

(If this optional income tax election is permitted. You have also attached proper income tax election form if required by your state to elect this optional withholding.)

Required Signature(s) and Date

Any person who knowingly presents a false or fraudulent claim is subject to criminal and civil penalties.

My signature acknowledges that I have received, read, understand and agree to all pages of this 90-Day Permissible Withdrawal form, and affirms that all information I have provided is true and correct. I understand that additional withdrawal requests will need to be submitted for defaulted contributions made after this withdrawal. I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information. I understand that a distribution fee may be deducted from my account prior to processing this request. I understand that it is entirely my responsibility to ensure that this election conforms with all applicable provisions of the Internal Revenue Code (the "Code"). I understand that I am liable for any income tax and/or penalties assessed by the IRS for any election I have chosen. I understand that once my payment has been processed, it cannot be changed. In the event that any section of this form is incomplete or inaccurate, Service Provider may not process the transaction requested on this form and may require that I complete a new form or provide additional or proper information before the transaction can be processed.

Under penalty of perjury, I certify that the U.S. Social Security number or U.S. Taxpayer Identification number I have provided on Page 1 is correct. I am a U.S. person if I marked the U.S. citizen or U.S. resident alien box on Page 1 of this form.

Participant Signature**Date (Required)**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Authorized Plan Administrator Signature

I certify that this request is in compliance with applicable Plan provisions and federal law and that the participant has received from me any notices required by law. Service Provider is authorized to forfeit any employer match contributions associated with the 90-day permissible withdrawal. As Plan Administrator, I confirmed the payroll deductions have been turned off for this participant and the final payroll deferral was submitted.

I represent that I am an authorized signer on behalf of the above-named plan and have an authority to instruct Service Provider to process this form.

_____	_____
Authorized Plan Administrator Signature	Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name

Participant forward to Plan Administrator
Plan Administrator forward to Service Provider at:
Empower
PO Box 173764
Denver, CO 80217-3764
Express Address:
8515 E. Orchard Road, Greenwood Village, CO 80111
Phone#: 1-866-467-7756
Website: empowermyretirement.com
We will not accept hand delivered forms at Express Mail addresses.

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