

DISTRIBUTION REQUEST—CAP BALANCE
UNIVERSITY OF CALIFORNIA RETIREMENT PLAN (UCRP)
UBEN 142CAP (R11/22) University of California Human Resources

Complete form in ink and send to:
UC RASC
Plan Disbursements
P.O. Box 24570
Oakland, CA 94623-1570
Fax to: 800-792-5178

Read the *Special Tax Notice for UC Retirement Plan Distributions* (available at ucal.us/specialtaxnotice) before electing a distribution.

Please note, it takes 60 to 90 days from when the UC Retirement Administration Service Center receives your completed form, or until you have no additional payroll activity, to receive a disbursement.

All references to CAP below refer to the Capital Accumulation Payment (April 1992–July 1994) and the Capital Accumulation Payment II (April 2002 and April 2003).

Use this form to elect a distribution of your CAP balance, unless you are electing retirement income or a lump sum cashout. CAP distributions are incorporated into the monthly retirement income or lump sum cashout election process.

Use this form to choose one of the following payment options for this distribution:

- To have your entire CAP balance paid to you.
- To arrange for a direct rollover of your entire CAP balance to an IRA or to an employer plan (including UC's Defined Contribution Plan (DC Plan), a Tax Deferred 403(b) Plan (403(b) Plan) or a 457(b) Deferred Compensation Plan (457(b) Plan)).
- To arrange for a direct rollover of part of your CAP balance (\$500 minimum) and to have the remaining balance paid to you.

| 1. PERSONAL INFORMATION | | (See Privacy Notifications) |
|--|---|-----------------------------|
| NAME (Last, First, Middle Initial) | SOCIAL SECURITY NUMBER | BIRTHDATE |
| MAILING ADDRESS (Number, Street) | | DAYTIME PHONE |
| (City, State, ZIP, Country) | <input type="checkbox"/> CHECK THIS BOX IF PERMANENT ADDRESS CHANGE | SEPARATION DATE |
| <input type="checkbox"/> U.S. Citizen or Permanent Resident, or <input type="checkbox"/> U.S. Citizen Living Abroad, or <input type="checkbox"/> Tax Resident of _____ (country) and national/citizen of _____ (country) | | |

2. CAP BALANCE DISTRIBUTION INSTRUCTIONS

I elect the following payment option for my CAP distribution (choose **one** only):

- To have **my entire** CAP balance made payable to me at the mailing address in Section 1 above. (Review "Tax Withholding Election" and complete Section 5.)
- A direct rollover of **part** of my CAP balance in the amount of \$ (must be at least \$500) to my account in the UC Retirement Savings Program (RSP) plan checked in Section 3 below, **with the balance made payable to me.** (Review "Tax Withholding Election" and complete Sections 3 and 5.)
- A direct rollover of **my entire** CAP balance to my account in the UC RSP plan checked in Section 3 below. (Complete Sections 3 and 5.)
- A direct rollover of **my entire** CAP balance to an IRA or to an employer's (other than UC's) qualified 401(a), 401(k), 403(b) or governmental 457(b) Plan that will accept my rollover. (Complete Sections 4 and 5.)
- A direct rollover of **part** of my CAP balance \$ (must be at least \$500) to an IRA or to an employer's (other than UC's) qualified 401(a), 401(k), 403(b) or governmental 457(b) Plan that will accept my rollover and the balance paid to me. (Review "Tax Withholding Election" and complete Sections 4 and 5.)

TAX WITHHOLDING ELECTION

I. FEDERAL INCOME TAX. I understand that for any distribution that is made payable to me, UC must withhold 20% federal taxes. I can have additional federal income tax withheld from my distribution indicated below:

Withhold an additional percentage % (whole % only) for federal income tax.

II. CALIFORNIA STATE INCOME TAX. I understand that if I am a California resident, state income tax is automatically withheld at a rate of 2% of the gross payment amount. If I am not a tax resident of California or am a California resident and I do not wish to have the automatic 2% California state income tax withheld, please specify if different below.

Withhold % only (whole % only) for California state income tax.

Do not withhold California state income tax.



3. ROLLOVER TO UC PLAN INSTRUCTIONS

A direct rollover of all or part of your CAP balance may be made to UC's DC Plan, 403(b) Plan or 457(b) Plan if your resulting balance in the plan you choose equals at least \$2,000.

Choose one box only:

- UC's DC Plan UC's 403(b) Plan UC's 457(b) Plan

UC will transfer the amount of your rollover electronically to Fidelity Retirement Services and a check will not be sent to you. Your UCRP rollover will be invested according to your investment elections on file at Fidelity Retirement Services. You can view or change your investment elections at myUCretirement.com. (Under "My Account" select "Request Investment Changes," and then select "Contribution Amount.") Or you can speak to a Fidelity Retirement Specialist by calling the toll-free number 866-682-7787, Monday through Friday, 5:00 a.m. to 9:00 p.m., PT. If you have no investment elections on file, your UCRP rollover will be invested in the plan's default fund; contact Fidelity Retirement Services directly to change your investment elections or to move some or all of your existing account balances (called performing an "exchange"). You should also review and, if necessary, update your beneficiary designations for these plans at myUCretirement.com or contact Fidelity at 866-682-7787.

4. ROLLOVER TO IRA OR QUALIFIED PLAN INSTRUCTIONS

If you are electing a direct rollover to an IRA, complete Section A, "IRA Certification" below. If you are electing a direct rollover to an employer plan, complete Section B, "Qualified Plan Certification." **(Complete A or B only.)** In either case, UC will make the check payable to the recipient IRA or plan and will send it to you at the mailing address in Section 1 of this form. **It is your responsibility to forward the check promptly to the recipient IRA or plan.**

A. IRA Certification

NAME OF IRA TRUSTEE (Company Name)

Check here if this is a rollover to a Roth IRA and complete the "For Roth IRAs only" section below.

I certify by my signature on this form that the IRA identified above will accept a direct rollover of my distribution and that the IRA is U.S.-based and is or is intended to be: an individual retirement account described in Internal Revenue Code (IRC) §408(a), an individual retirement annuity (other than an endowment contract) described in IRC §408(b), a Simplified Employee Pension (SEP) account described in IRC §408(k) or a Roth IRA described in IRC §408A(b).

For Roth IRAs only

I understand that the taxable portion of this rollover will be reported as taxable income in the calendar year of distribution. UC will not automatically withhold federal or state taxes on direct rollovers to Roth IRAs unless I indicate differently below. My withholding preferences are indicated below:

- Do not withhold federal or California (CA) state income taxes on this rollover to a Roth IRA (default if none marked).
- Withhold federal taxes on this rollover to a Roth IRA: a flat dollar amount: \$ or a percentage: %
- Withhold CA state taxes on this rollover to a Roth IRA: a flat dollar amount: \$ or a percentage: %

Caution: Please consult your tax adviser. You may owe substantial federal and state taxes due to the rollover to a Roth IRA, and you may be subject to an underwithholding penalty. Withholding income taxes from the amount transferred (instead of paying applicable income taxes from another source) may adversely impact the expected financial benefits of rolling over to a Roth IRA and may result in an early distribution penalty tax (if applicable).

B. Qualified Plan Certification

NAME OF EMPLOYER

MAKE ROLLOVER CHECK PAYABLE TO TRUSTEE OF

I certify by my signature on this form that the employer plan identified above is, or is intended to be, a qualified defined contribution plan under IRC §401(a) or 401(k) or is described under IRC §403(b), or is a deferred compensation plan under IRC §457. I declare that the plan will accept a direct rollover from the University of California Retirement Plan, a defined benefit retirement plan under IRC §401(a).

5. REQUIRED SIGNATURE

I certify under penalty of perjury that:

- I am entitled to the payment identified above,
- The information I have provided on this request is complete and true to the best of my knowledge,
- I have disclosed any relevant facts, and
- There are no claims against my UCRP/CAP benefits arising from a marriage/State-Registered Domestic Partnership during my UC employment.

The election made on this form **will not be effective** if the form is **received by the UC Retirement Administration Service Center after the member's death.**

I understand that any overpayment of benefits shall be returned to the Plan Administrator immediately on demand, and any recipient of the overpayment shall hold such amounts in trust for the Plan Administrator.

I further certify that I have read UC's *Special Tax Notice for UC Retirement Plan Distributions* and understand the tax consequences of my distribution request. My signature below certifies that I have separated from UC employment and am no longer on active UC pay status.

MEMBER'S SIGNATURE (must be an original)

DATE

RETN: Pending

PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves. The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information. Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Vice President—University of California Human Resources, 1111 Franklin Street, Oakland, CA 94607-5200.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article IX, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code §6011, §6051 and §6059) reporting, and/or for benefits administration, and/or to verify your identity.