MEBA - 401(k) Plan

1007 Eastern Avenue, Baltimore, MD 21202-4345 (410) 547-9111 or (800) 811-MEBA (6322)

DISTRIBUTION DUE TO DEATH APPLICATION

Part 1: Employee Information	
Social Security #:	Date of Birth: (Month, Day & Year)
First Name & M.I.:	Last Name:
Death Benefit (Please provide a copy of the death certificate)	Edd (Mills.
Death Beliefit (Flease provide a copy of the death certificate)	
Date of Death: (Month, Day & Year)	
Part 2: Method of Payment - Beneficiary Payout Only (
Rollover all or a percentage to an IRA or Qualified Plan Sp.	onsor (<u>Available to Spouse only</u>)
I would like to rollover the following percentage of my taxable po	rtion of this distribution: %
Choose only one:	stribution Ontions Cuids if this antion shocks, must be completed)
 Fidelity Rollover IRA (Application available in the Retiree Distribution Options Guide-if this option chosen, must be completed) Qualified Retirement Plan at another Employer 	
☐ IRA Outside Fidelity Name of Outside IRA Trustee or Qualified Plan Sponsor:	
	ualified Plan Sponsor, but must be mailed to the address you have on file
	rd the check to the outside IRA Trustee or Qualified Plan Sponsor. IRS n 60 days to rollover this distribution to avoid tax penalties. **
Pote account autoblished	(Marth Day 8 Year)
NOTE: No taxes will be withheld from the taxable portion	(Month, Day & Year) n of the distribution that is rolled over into another Qualified
Plan or IRA.	
Payout (<u>Available to Spouses and Non-Spousal Beneficia</u>	
I would like the following percentage of my taxable portion of the	is distribution in a check payable to me: %
Please withhold % federal taxes. (If you do not inc	dicate a higher percentage, a minimum of 20% federal taxes will be withheld).
Distribution may be subject to a mandatory withholding of state	e taxes. Do Not withhold state taxes (or) Do withhold state taxes
NOTE: If you do not roll over 100% of your withdrawal into another Qualified Plan or IRA, 20% federal tax and applicable state taxes, if required, will be withheld from the taxable portion of the distribution eligible for rollover but not rolled over into another Qualified Plan or IRA.	
Should you elect to have your distribution paid as both total 100%.	a cash distribution and rollover, your percentage must
Part 3: Beneficiary Information	
Multiple Beneficiaries must complete separate distribution forms. All for	rms must be submitted simultaneously to Fidelity by Plan Office.
Social Security #:	Date of Birth: (Month, Day & Year)
First Name & M.I.:	Last Name:
Street Address:	Apt. No. : New Address: Yes No
City:	State: Zip:
Daytime Phone:	Evening Phone:
Part 4: Signature	
SIGNATURE	DATED
PLAN OFFICE APPROVAL	DATED

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