IN-SERVICE DISTRIBUTION INFORMATION

WHO SHOULD USE THIS FORM

Please use this form if you are still working for a VRS-covered employer who participates in the Commonwealth of Virginia 457 Deferred Compensation Plan and:

- Will be age 70½ or older on or after January 1 of the current calendar year and would like to make a distribution request, or
- · Would like to make a distribution request for funds that were rolled over to your account from another qualified plan.

Note: If you are no longer employed by a VRS-covered employer and would like to request a distribution, visit dcp.varetire.org and complete your request online.

PARTICIPANTS ON LONG-TERM DISABILITY

Participants who are currently on Long Term Disability (LTD) may be eligible to receive a distribution of the contributions and earnings in their Commonwealth of Virginia 457 Deferred Compensation Plan. The approval of a distribution for a participant on LTD is dependent on how the employer has coded their employment and if the participant's job is eligible for rehire. This does not apply to participants on LTD who are working or on worker's compensation leave.

IN-SERVICE DISTRIBUTION

The following is a brief explanation of each of the withdrawal options available if you are still employed with an employer offering the plan.

Withdrawal from Rollover Account - A withdrawal of money that has been rolled into the plan from another retirement plan.

Age 70½ Withdrawal – You may take a distribution from your plan at any time on or after January 1 of the calendar year in which you will attain the age of 70½ even if you continue employment with the employer that provides this plan. Complete the Installments section if you are electing installments as an option.

DISTRIBUTION METHOD

All distributions will be processed pro rata from your investment funds unless you provide fund depletion instructions in Funds for Distribution section of this form.

Full Distribution – Voya will liquidate the funds from all investment options in which you have a balance. Please see the special instructions below regarding the self-directed brokerage account and the VRSIP fund.

Partial Distribution – Indicate the amount of the partial distribution you elect to receive. If your available balance is less than the elected amount, the partial will be processed for the amount of the remaining available balance.

Partial Distribution followed by Installments - Indicate the gross amount of your initial partial distribution on the line provided and complete the Installment section.

Installments – You must select frequency, the processing date and either specific dollar amount or specific number of years. Please note the processing date for the installment reflects when the funds will be disbursed from your account. Please allow up to 3 business days from that day for the funds to be credited to your bank account.

- 1. Payment of a Certain Amount Indicate the gross amount you wish to have distributed on a regular installment basis (monthly, quarterly, semiannually or annually). Your payments will continue until your account balance is depleted. The number of payments you receive will vary depending on the performance of your investments.
- 2. Payments over a Specified Time Period (Years) You will receive payments on a regular basis (monthly, quarterly, semi-annually or annually). Payment amounts will depend on the length of time in years during which you elect to receive payments, the periodic basis you choose, and the performance of your investment options.

Your payment amount will be calculated by dividing your current account balance by the number of remaining payments. For example, if the payout is to be monthly for 4 years, the initial payout amount will be equal to 1/48 of the account balance. The second payment will be 1/47 of your balance, the third will be 1/46, and so on.

Your payment is recalculated each time a payment is distributed; therefore, the amount of each payment will never be the same. The payment amount will depend on the account value, which may fluctuate depending upon your chosen investments' performance. Your balance will be depleted by the end of the term you select.

SELF-DIRECTED BROKERAGE (SBD) AND VIRGINIA RETIREMENT INVESTMENT PORTFOLIO (VRSIP) INFORMATION

Distribution Note for Self-Directed Brokerage (SDB) only: With respect to both full and partial distribution requests, in the event the transfer of funds from your SDB account has not been received by Voya prior to Voya's receipt of the Distribution Form, the following will occur : Voya will process your request from the amount that is available in the core investment options in excess of the core minimum. For any further distributions, you must transfer the appropriate funds from the SDB account into core investment options and submit an additional Distribution Form.

Distribution Note for Virginia Retirement Investment Portfolio (VRSIP) only – If you are invested in the VRSIP you must move monies out of the VRSIP prior to quarter end in order for the monies to be distributed to you. If the funds are not moved from the VRSIP, we will process the remaining funds and you will need to submit another Distribution Form for the VRSIP.

Installment Note for SDB and VRSIP only: In the event an installment option is requested and sufficient funds have not been transferred from the SDB account into core investment options and the VRSIP was not transferred prior to Voya's receipt of the Distribution Form, your distribution request will not be processed.

IN-SERVICE DISTRIBUTION INFORMATION (CONT)

FEDERAL AND STATE INCOME TAX WITHHOLDING

Distribution withholding will vary depending on the type of distribution you are requesting on the Distribution Form. You must read the Special Tax Notice, which provides additional tax withholding information. You are strongly urged to consult with your tax advisor to determine your appropriate tax withholding.

Federal Income Tax Withholding

Full Distribution – 20% mandatory federal income tax withholding will apply unless you elect a Direct Rollover of the entire amount.

Partial Distribution – 20% mandatory federal income tax withholding will apply unless you elect a Direct Rollover.

Installments – 20% mandatory federal income tax withholding will apply to all amount certain or period certain installments scheduled to continue for less than 10 years. If your installments are scheduled to continue for a period certain of more than 10 years, complete and attach a Form W-4P to your Distribution Form. If a W-4P is not attached, federal withholding will be made as though you are married with three allowances.

State Income Tax Withholding

If you reside in Virginia at the time of your distribution request, 4% Virginia tax will be withheld if there is mandatory Federal tax of 20%. If you are a resident of another state, the tax withholding rules of that state will apply.

PAYMENT DELIVERY

The delivery of your distribution may depend on the Distribution Method you elected on the Distribution form. Below is a description of each delivery option.

Check - Checks are mailed to your address on record.

Direct deposit – You may elect to have your funds electronically deposited into your checking or savings account. Visit dcp.varetire.org to add/change your banking information. If this completed form is received prior to the banking information being added to your online account, a check may be mailed to your address on record.

Note: Banking information is the required method for installments.

DIRECT DEPOSIT INFORMATION

Required for installment payments, Voya will have your payments deposited directly to your bank account (at no cost to you). Log into your account at dcp.varetire.org then click your plan to log in.

Note: This is not an option for direct rollover.

You must already have banking information on file with the Plan for at least 7 days in order for this payment to be deposited to your bank. To update Banking Information, go to the Personal Information section of your online account.

With direct deposit, your installment payments are sent directly into your checking or savings account on the same day we would have otherwise mailed a check. Your payment will be available three to five days earlier than a mailed check.

Direct deposits must go through a test transmission with your bank before you receive payments. If problems are encountered but not resolved prior to your first payment, your first payment may be a check rather than an electronic deposit. Incorrect or incomplete bank information will delay the processing of your request.

Important Note

Please reference the Special Tax Notice for further details as they apply to distributions from a retirement account.

Neither VRS, the plan sponsor, nor Voya, the plan recordkeeper, gives legal or tax advice. You may wish to consult with a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575> Pension and Annuity Income; IRS Publication 590, Individual Retirement Arrangements (IRAs). These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 800-TAX-FORM.



VRS Defined Contribution Plans Commonwealth of Virginia 457 Deferred Compensation Plan IN-SERVICE DISTRIBUTION REQUEST FORM

PERSONAL INFO	RMATION (ple	ase print clearly using	black or blue ink)						
NAME:						SOCIAL SECU	RITY NUMBER: _	(last 4 digits of	
ADDRESS:							APT:	ι υ	.,
CITY:						STATE:	ZIP CODE:		
DAY PHONE:			EV	ENING PH	ONE:				
EMAIL:						DATE	OF BIRTH:	_//	
EMPLOYER NAME:						DATE OF EMPI	.OYMENT:	_//	
MARITAL STATUS:			US CITIZEN:	The second secon	D NO				

INSTRUCTIONS

- 1. Please review and complete all applicable sections of this form to enable prompt processing.
- 2. All checks issued by Voya Financial are mailed to your current address on record. You can not use this form to change your address. Before submitting this form, please go online at dcp.varetire.org or contact a Customer Service Associate at 1-877-327-5261 (TTD/TTY users call 1-800-579-5708) to verify that the Plan has your current address. Failure to do so may result in your check being mailed to the incorrect address. If the address on record is incorrect and you are actively employed, please contact your employer to update your current address. Verify that the Plan has been updated prior to submitting this form.
- 3. Sign and mail your form for processing.

PLEASE NOTE: AN INCOMPLETE APPLICATION OR NOT SUPPLYING ALL REQUIRED DOCUMENTATION WILL CAUSE A DELAY IN THE PROCESSING OF YOUR WITHDRAWAL.

DISTRIBUTION CHOICES FOR CURRENTLY EMPLOYED PARTICIPANTS					
Rollover Source Withdrawal Withdrawal of non-Roth funds that were rolled into your account from a p	AMOUNT \$ revious employer's plan or an Individ				
Roth Rollover Source Withdrawal Withdrawal of Roth funds that were rolled into your account from a previo	AMOUNT \$ us employer's plan or an Individual F		_%		
Age 70½ Withdrawal Withdrawal of non-Roth funds for participants that have attained age 70	AMOUNT \$	_ OR	_%		
Roth Age 70½ Withdrawal Withdrawal of Roth funds for participants that have attained age 70 ½.	AMOUNT \$	_ OR	_%		

FUNDS FOR DISTRIBUTION

Fund Selection - Funds for distribution will be withdrawn based on the plan's distribution withdrawal hierarchy (Pro Rata) unless you check the fund specific box below and provide the fund, source and amount or percentage below.

Fund specified	fic							
Fund	AMOUNT \$	OR	%	Fund	AMOUNT \$	OR	%	
Fund	AMOUNT \$	OR	%	Fund	AMOUNT \$	OR	%	
Fund	AMOUNT \$	OR	%	Fund	AMOUNT \$	OR	%	
Source Selection- Non-Roth assets will be distributed prior to any Roth assets unless you select an option below:								
I want to have my partial distribution taken first from my Roth balance (if applicable).								
I want to have my installments taken first from my Roth balance (if applicable).								

VRS Defined Contribution Plans Commonwealth of Virginia 457 Deferred Compensation Plan IN-SERVICE DISTRIBUTION REQUEST FORM

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Partial Distribution followed by Installments Withdraw a portion of your vested account balance now followed					OR over time. Complete Installments b		
Partial Distribution followed by Rollover Withdraw a portion of the assets in my account now and rolloved			ount now and rollove	AMOUNT \$ er the remaining assets to anoth	OROROROROROROROROROROROROROR	% er Options section.	
	stallments	,					
Req	quest Type:	New Installmer	ıt	Change Installment	Stop Installment		
Free	quency:	Monthly	Quarterly	Semi-Annually	Annually		
Sou	urce:	Pre-tax		Roth			
Ple	ease choose one op	otion:					
	Payment of a cert	ain amount until th	e account is exhau	usted. Specified dollar amour	nt: \$		
	Payments over a s	pecified time perio	od of	years.			
	Installments will begin as soon as administratively possible and are processed on the closest business day to the 1st and the 15th of the month chosen. Please confirm which date you would like your payment processed.						
	□ 1st □ 15th Payment start month:						
		-					
ROLLC	OVER OPTIONS						
	st complete the sec s section.	tions entitled Distri	bution Choices for	Currently Employed Participar	nts, and Distribution Method, in ad	dition to this <i>Rollover</i>	
				over will be processed. Check v in a separate check payable to	will be mailed to your home addres o you.	ss. If an RMD is due in	
	Rollover Amo	unt \$		or	%		
If select	ting less than 100%	o rollover, the remai	nder of the request	ed funds will be taxed as outlir	ned below and made payable to you	u.	
	ollover to an eligible	e plan					
Rollover to an IRA (traditional)							
_	ollover to a Roth IRA						
Check r	Check made payable to (Institution):Check made and the payable to (Institution):Check made payable to (Institution):						

For Roth Rollovers of	nly:
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Check made payable to (Institution): ______ Account Number: ______

Please note that by using your social security number as the account number we will print this on your rollover check and distribution statement.

FEDERAL AND STATE INCOME TAX WITHHOLDING

TAX WITHHOLDING ELECTIONS

Regardless of whether or not federal or state income tax is withheld, you are liable for taxes on the taxable portion of the payment. If you do not have a sufficient amount withheld, you may be subject to tax penalties under the Estimated Tax Payment rules. An election made for a single non-recurring distribution applies only to the payment for which it is being made. For recurring payments, your withholding election will remain in effect until it is changed or revoked. You may change or revoke your election at any time prior to a payment being made by submitting IRS form W4, W-4P, W-4R, as appropriate. U.S. persons having their payment delivered outside the U.S. or its possessions may not make an election of NO withholding or choose withholding that is less than the default. In this case, if you choose no withholding or withholding that is less than the default, the default rate will be applied. Non-resident aliens are subject to a mandatory 30% withholding rate unless they are eligible for a reduced rate or exemption under a tax treaty and the required documentation is submitted.

FEDERAL WITHHOLDING RULES

Eligible rollover distribution - 20% withholding: Distributions you receive from qualified pension or annuity plans that are eligible to be rolled over tax free to an IRA or another qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required, and you cannot choose not to have income tax withheld from eligible rollover distributions. You may elect withholding in excess of the mandatory 20% rate as a total percentage (no decimals), for example 25%. Dollar amounts are not allowed. You may also submit IRS Form W-4R to make this election. To obtain Form W-4R please go to the www.IRS.gov website or call 800-829-3676. Form W-4R also contains Marginal Rate Tables that can be used as a guide to determine how much to have withheld from your payment.

Periodic Payments: Withholding from periodic payments of a pension or annuity that are not rollover eligible is figured in a similar manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year*. You may elect out of withholding. If you do not elect out of withholding from your periodic payment, you must submit IRS Form W-4P to make your election. To obtain IRS Form W-4P please go to www.IRS.gov or call 800-829-3676. If you do not submit a Form W-4P, withholding will occur as if you had checked the "Single or Married Filing separately" box on Form W-4P and made no other elections.

*Periodic payments made from qualified retirement plans that are not based on life expectancy and are expected to last less than 10 years remain rollover eligible and are subject to the mandatory 20% withholding described above.

FEDERAL WITHHOLDING INSTRUCTIONS (If you do not check any of the boxes below or provide a Form W-4P or W-4R, then we will withhold based on the IRS default.) **DO NOT** withhold any federal income tax unless mandated by law.

- Groups (For periodic payments only) DO withhold federal taxes using default wage withholding as if the "Single or Married Filing separately" box on Form W-4P was checked and no other elections were made.
- (For non-periodic payments only) D0 withhold federal taxes at the default percentage or at the following percentage (no decimals) that is greater than the default percentage .0%.

STATE WITHHOLDING INSTRUCTIONS

DO NOT withhold any state income tax unless mandated by law

DO withhold state taxes in the amount of \$ or % (If you make this election, a dollar amount or percentage must be specified and cannot be less than any required withholding.)

Note: If you do not make an election or if your state requires a greater amount of withholding, we will withhold at the rate specified by your state of residence for the type of payment you are receiving. In some cases, your state specific withholding election form is required to opt out of withholding or to choose a rate other than the state's default rate. Refer to the plan website for State Income Tax Withholding Notification and/or your State Department of Taxation for details.

HOW WOULD YOU LIKE TO RECEIVE YOUR WITHDRAWAL?

Once the withdrawal is processed, the funds will be sent within 2 - 3 business days.

First class mail at no additional charge. Expedited delivery. I understand I will pay a nonrefundable fee of \$50 which will be deducted from my account.

Direct Deposit

Note: This is not an option for direct rollover. You must already have banking information on file with the Plan for at least 7 days in order for this payment to be deposited to your bank. To update Banking Information, go to the Personal Information section of your online account.

AUTHORIZATION

□ I am currently employed either full-time or part-time by the following public employer in Virginia:

Employer Name: _____

_____Date of Employment:_____/____/

I understand if I am convicted of a felony related to my covered employment, my employer may direct any employer discretionary contributions treated as non-elective employer contributions be forfeited. 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 the In-Service Distribution Request Form, the Participant Distribution Instructions, and the Special Tax Notice, and affirm that all information that I have provided is true and correct. 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 I may not make changes to this request once a check has been issued. If I have elected a periodic payment, I may make changes to future payments by contacting the Voya number listed below. In the event that any section of this form is incomplete or inaccurate, Voya 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.

I certify that this request is in compliance with applicable Plan provisions and federal law and that the participant has received any required notices.

PARTICIPANT SIGNATURE ______ DATE _____/ ____/

CHECKLIST	
PLEASE REVIEW YOUR APPLICATION CAREFULLY.	If your application is complete, please mail or fax the application to:
Liquidated self-managed accounts and transferred back into your plan's designated investments when requesting a distribution that requires funds held in it	VIA FAX Voya Financial
Indicated which plan this request applies to in the top section of the first page	Attn: VRS Defined Contribution Plans
Confirmed that your address on file matches your current address	1-844-833-4545
□ Made your distribution selection and indicated the amount or percent where required	VIA MAIL Voya Financial
Indicated your rollover institution and account number if you are requesting a rollover	Attn: VRS Defined Contribution Plans P.O. Box 389
Selected a delivery method and removed banking information by calling the VRS Defined Contribution Plans Service Center	Hartford, CT 06141
Made your tax elections	Voya Financial
Gigned and dated this form	Attn: VRS Defined Contribution Plans One Orange Way
If you have any questions or need to obtain additional plan or account information, please go onl dcp.varetire.org or call the VRS Defined Contribution Plans Service Center at 1-877-327-5261 (1 TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Frie 8:00 A.M. to 9:00 P.M. Eastern Time (excluding stock market holidays).	TY/