DISTRIBUTION REQUEST—CAP BALANCE
UNIVERSITY OF CALIFORNIA RETIREMENT PLAN (UCRP)
UBEN 142CAP (R9/08) University of California Human Resources and Benefits

Complete form in ink and send to:
UC Human Resources and Benefits
Plan Disbursements
P.O. Box 24570
Oakland, CA 94623-1570

Read the *Special Tax Notice for Plan Distributions* before electing a distribution.

All references to CAP below refer to the Capital Accumulation Provision (April 1992—July 1994) and the Capital Accumulation Provision 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. For additional information about CAP distributions, see UC's brochure*, Frequently Asked Questions About the Capital Accumulation Provision II (CAP II)*.

Use this form to chose 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), Tax Deferred 403(b) Plan (403(b) Plan), or 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 reverse for Privacy Notifications)

NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	BIRTHDATE
MAILING ADDRESS (Number, Street)		DAYTIME PHONE ( )
(City, State, ZIP, Country)	☐ CHECK THIS BOX IF PERMANENT ADDRESS CHANGE	SEPARATION DATE

CITIZENSHIP—Check the box that applies:

☐ U.S. CITIZEN OR PERMANENT RESIDENT, OR ☐ U.S. CITIZEN LIVING ABROAD, OR

☐ TAX RESIDENT OF __________________________ (COUNTRY) AND NATIONAL/CITIZEN OF __________________________ (COUNTRY)

2. CAP BALANCE DISTRIBUTION INSTRUCTIONS

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

☐ A distribution of my entire CAP balance made payable to me. (Go to Section 5.)

☐ A direct rollover of my entire CAP balance made payable to UC's DC Plan, 403(b) Plan, or 457(b) Plan. (Complete Sections 3 and 5.)

☐ A direct rollover of $____________________ (at least $500) made payable to UC's DC Plan, 403(b) Plan, or 457(b) Plan and the balance made payable to me. (Complete Sections 3 and 5.)

☐ A direct rollover of my entire CAP balance made payable to an IRA or to an employer's (other than UC's) qualified 401(a), 401(k), 403(b) or governmental 457(b) Plan. (Complete Sections 4 and 5.)

☐ A direct rollover of $____________________ (at least $500) made payable to an IRA or to an employer's (other than UC's) qualified 401(a), 401(k), 403(b) or governmental 457(b) Plan and the balance made payable to me. (Complete Sections 4 and 5.)

I understand that for any distribution that is made payable to me, UC must withhold 20% of the taxable portion for federal income taxes and will also withhold 2% for California state income taxes, unless I check the box below. (Exception: California state income taxes are not withheld from payments sent to an address outside of California.)

☐ Do not withhold California state income tax.

3. ROLLOVER TO UC PLAN INSTRUCTIONS

Direct rollovers of CAP accumulations to UC's DC Plan, 403(b) Plan, or 457(b) Plan may be made if your resulting balance in that plan 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 your rollover electronically to Fidelity Retirement Services and a check will not be sent to you. Your UCRP rollover accumulations will be invested according to your investment election on file at Fidelity Retirement Services. Please note that your investment election stays on file even after you separate from UC employment. You can view or change your investment election at www.netbenefits.com. (From the "Summary" page, select "Change Investments," and then select "Contributions.") Or you can speak to a Fidelity Retirement Specialist by calling the toll-free number 1-866-682-7787, Monday through Friday, 5:00 a.m. to 9:00 p.m., PT. If you have no investment election on file, your UCRP accumulations will be invested in a UC default fund; contact Fidelity Retirement Services directly to change your investment election. You should also contact Fidelity Retirement Services if you want to move some or all of your account balance (called performing an "exchange").

4. ROLLOVER TO IRA OR QUALIFIED PLAN INSTRUCTIONS

If you are electing a direct rollover to an IRA, complete section A, "IRA Certification." 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 subject to the requirements established 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 year of distribution. UC will not automatically withhold for federal or state taxes on direct rollovers to Roth IRAs. My withholding preferences are indicated below:

☐ Do not withhold federal or California (CA) state taxes on this rollover to a Roth IRA (default)

☐ 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:

- the information I have provided on this request is complete and true to the best of my knowledge,
- I have not concealed any relevant facts, and
- there are no claims against my UCRS assets arising from a marriage during my UC employment.

I further certify that I have received and read UC's *Special Tax Notice for 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 Associate Vice President—University of California Human Resources and Benefits, 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 1X, 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 sections 6011.6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.