

Ngoc Johnson
1806 2nd Street SW, apt 9
Rochester MN 55902

If you have questions regarding the enclosed forms, please contact the Participant Contact Center at 1-800-401-8726 for assistance.

Thank you.

"This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, confidential, or exempt from disclosure under applicable law. If the reader of this transmission is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this correspondence in error, please destroy the original communication and notify the sender immediately at employeesolutions@transamerica.com or by calling 1-800-401-8726. Thank you."



Death Benefit Distribution Claim Form Spousal Beneficiary

READ THE ATTACHED IRS SPECIAL TAX NOTICE: IF THE PLAN ALLOWS FOR AN ANNUITY OPTION, READ THE WRITTEN EXPLANATION OF QUALIFIED JOINT AND 50% CONTINGENT SURVIVOR ANNUITY FORM OF BENEFIT BEFORE COMPLETING THIS FORM.

INSTRUCTIONS FOR COMPLETING THIS FORM

THIS FORM MUST BE COMPLETED AND SIGNED BY THE SPOUSAL BENEFICIARY AND THE PLAN ADMINISTRATOR, TRUSTEE OR AN AUTHORIZED SIGNER. If any information is missing or incomplete, you may be required to complete a new form or provide additional information before the distribution can be processed. There may be a charge to process this distribution request which is deducted directly from the distribution check. Please check with the plan administrator to determine whether you are subject to this charge.

SPOUSAL BENEFICIARY INSTRUCTIONS

1. Complete Sections B-J.
2. Your signature is required in Section J. (Please note: A signature guarantee is required for distributions of \$150,000 or more.)
3. Submit this form to the participant's employer for signature and processing. **Do not mail this form directly to the Processing Center listed at the end of this form.**

EMPLOYER INSTRUCTIONS

1. Complete Section A.
2. Your signature is required in Section J. (Please note: A signature guarantee is required for distributions of \$150,000 or more.)
3. Submit this form to the Processing Center.

Death Benefit Claim Guidelines

Please note the Beneficiary must submit the appropriate Death Benefit Claim form.

1. **Please read the IRS Special Tax Notice and consult your professional tax advisor prior to completing this form.**
2. **Death Certificate.** You must attach a certified copy of the participant's death certificate.
3. **Tax Identification Number:** Please provide us with your tax identification number. Please provide your social security number. Failure to provide a correct tax identification number will result in mandatory withholding of income tax.
4. **How and When Payment must be made to Spousal Beneficiaries:** Required minimum distributions for years after the participant's death are generally based on a distribution period that can be determined using your single life expectancy. This rule applies whether or not the death occurred before the participant's required beginning date (i.e., the later of age 72 if the participant was born after June 30, 1949 (or age 70½ if the participant was born before July 1, 1949) or retirement). If you are the sole designated beneficiary, and the participant died before the required beginning date, and you elect not to roll over the participant's benefit, distributions to you need not begin until the year in which the participant would have attained age 72 if the participant was born after June 30, 1949 (or age 70½ if the participant was born before July 1, 1949) and will be based on your age each distribution year.

In lieu of the above, you may also elect to receive the entire account balance by the end of the 10th year following the year of the participant's death. A distribution is not required to be made before the 10th year following the year of the participant's death.
5. **Waivers or Consents of Inheritance and Estate Taxes:** Certain states require payors to obtain tax waivers or consents from the state's Department of Revenue or Taxation before a payment can be made to the beneficiary.



SECTION A. Information Concerning the Participant - Please print

ESSG - Employer Solutions Group, LLC
Company/Employer Name

Employer Solutions Group Retirement 932043 00000
Plan Name Contract Number Division Number (if applicable)

Johnson Naoc L
Last Name First Name MI

603 - 58 - 6183 3 - 20 - 1974 4 - 4 - 2022
Social Security Number Date of Birth (MM-DD-YYYY) Date of Death (MM-DD-YYYY)

Minnesota
State of Legal Domicile at Time of Death

SECTION B. Beneficiary's Taxpayer Identification Number (TIN) / Social Security Number (SSN)

Enter spousal beneficiary's Social Security Number (SSN).

474 - 78 - 3179
Social Security Number

SECTION C. Information Concerning the Beneficiary

Johnson Brian _____
Last Name First Name MI

1806 2nd St SW Apt 9 (507) 226-1223 _____
Street Address/Apt. No. Phone Number Work Phone Number

Rochester MN 55902 9 - 22 - 1958
City State Zip Code Date of Birth (MM-DD-YYYY)

SECTION D. Type of Election

All distributions must comply with IRS required minimum distribution regulations. For additional information on any of these options, please call us at 866-849-3506. **Please select one of the options.**

- 10-Year Rule** - Note: All benefits must be distributed by December 31st of the 10th year following the year of participant's death.
- Life Expectancy Distribution** - Note: You may leave money in this account throughout your lifetime or until funds are depleted. To elect this option, distributions must begin no later than December 31st of the year following the calendar year of the participant's death and would be based on your life expectancy. You will be required to receive minimum distributions each year.
- Lump sum distribution - 100%**
- Annuity Distribution:** If the plan offers annuities as a form of benefit payment, please refer to the attached "Special Tax Notice Regarding Payment From Qualified Plans". I understand that I must submit a request to the participant's Plan Administrator for applicable information and annuity request forms.
- Rollover**
- Spousal Beneficiary Account** (elect to leave funds in plan). When the account is set up under your name, all existing monies will remain in the same investment option(s) in effect on the date of participant's death. You have the option of transferring monies to other investment option(s) by calling the plan administrator once the account is established and you have received your Personal Identification Number. Note: Distributions can only be delayed until the end of the calendar year in which the participant would have attained age 72 if the participant was born after June 30, 1949 (or age 70 ½ if the participant was born before July 1, 1949).

MAIL DELIVERY

All checks will be sent via First Class Mail unless the Overnight Mailbox is checked below.

- Send check overnight mail** and deduct \$40.00 from the check for express charges. \$80.00 will be deducted when two checks are required. (Example: One check sent to a rollover institution and one check to the beneficiary). Please note: A street address must be provided.



SECTION E. Income Tax Withholding For Distribution

DIRECT ROLLOVER BY A SPOUSE

Federal/state income tax will not be withheld for Direct Rollovers.

DIRECT PAYMENT TO A SPOUSAL BENEFICIARY OF ELIGIBLE ROLLOVER DISTRIBUTION

FEDERAL INCOME TAX

A 20% mandatory federal income tax withholding will apply to the taxable portion of distributions that are eligible for rollover.

STATE INCOME TAX

If your address of record is within a mandatory withholding state, state taxes will be withheld from your distribution in accordance with the respective state rules. Other states allow an independent election and in these states, state tax will be withheld unless you elect otherwise. If your state does not allow withholding, no state tax can be withheld. Please consult a tax advisor or Transamerica if you have questions regarding state tax withholding.

- Do not withhold state income tax (ONLY IF INDEPENDENT ELECTION IS PERMITTED).
- Withhold state income tax: _____% (If your state requires a greater withholding percentage than what you have indicated, the mandatory state tax will apply).

If there is an outstanding loan, the amount of the outstanding loan will be reported as a taxable distribution to the participant's estate.

SECTION F. Form of Payment for Traditional 401(k) Accounts

- I am requesting a distribution of the participant's Traditional 401(k) account. I am not electing a Direct Rollover of any portion of the distribution. I understand the check will be made payable to me. *(I understand that the amount payable to me is subject to 20% federal income tax withholding).*
- I am requesting a Direct Rollover of the participant's entire Traditional 401(k) account.
 (Please note: The Direct Rollover Instructions Section (G) must also be completed for this option). The check will be made payable to the IRA/plan trustee or custodian.
- I am requesting to have the participant's Traditional 401(k) accounts paid partly as a distribution paid directly to me and partly as a Direct Rollover.
 (Please note: The Direct Rollover Instructions in Section (G) must be completed for this option). *(I understand that the portion payable to me is subject to 20% federal income tax withholding).*

*Amount of distribution to be paid directly to me: \$ _____

*Amount to be applied to a Direct Rollover: \$ _____

*Actual Value of the distribution may vary based on the final market closing price at the time the distribution is processed, and any applicable processing fees.

SECTION G. Direct Rollover Instructions For Traditional 401(k) Accounts — Only choose one, if applicable

Complete ONLY if you are electing a DIRECT ROLLOVER

Please note: The Direct Rollover check will be made payable to the IRA/plan trustee or custodian for the benefit of the beneficiary unless indicated otherwise below.

- DIRECT ROLLOVER TO AN IRA OFFERED THROUGH Transamerica.** (Minimum rollover amount is \$20,000.) If you are interested in learning more about the Rollover IRA offered through Transamerica, call (866) 691-0030.
- DIRECT ROLLOVER TO AN ELIGIBLE RETIREMENT PLAN (401(a), 401(k), 403(b), and Governmental 457)**
- DIRECT ROLLOVER TO AN IRA**

NEW ACCOUNT INFORMATION:	MAILING ADDRESS:
Inherited IRA Account Number	Name of the Inherited IRA Institution
Make Check Payable To:	Address – Number & Street
	City State Zip Code



SECTION H. Form of Payment for A Roth 401(k) Account

I am requesting a distribution of the participant's Roth 401(k) account. I am not electing a Direct Rollover of any portion of the distribution. I understand the check will be made payable to me. *(I understand that the amount payable to me is subject to 20% federal income tax withholding).*

I am requesting a Direct Rollover of the participant's entire Roth 401(k) account.
(Please note: The Direct Rollover Instructions Section (I) must also be completed for this option). The check will be made payable to the IRA/plan trustee or custodian for the benefit of the beneficiary.

I am requesting to have the participant's Roth 401(k) account paid partly as a distribution paid directly to me and partly as a Direct Rollover.
(Please note: The Direct Rollover Instructions in Section (I) must be completed for this option). (I understand that the taxable portion payable to me is subject to 20% federal income tax withholding).

*Amount of distribution to be paid directly to me: \$ _____

*Amount to be applied to a Direct Rollover: \$ _____

*Actual Value of the distribution may vary based on the final market closing price at the time the distribution is processed, and any applicable processing fees.

SECTION I. Direct Rollover Instructions for A Roth 401(k) Account — Only choose one, if applicable

Complete ONLY if you are electing a DIRECT ROLLOVER OF A ROTH 401(k) ACCOUNT

Please note: The Direct Rollover check will be made payable to the IRA/plan trustee or custodian for the benefit of the beneficiary unless indicated otherwise below.

- DIRECT ROLLOVER TO A ROTH IRA OFFERED THROUGH Transamerica.** (Minimum rollover amount is \$20,000.) If you are interested in learning more about the Roth IRA offered through Transamerica, call (866) 691-0030.
- DIRECT ROLLOVER TO AN ELIGIBLE ROTH 401(k) ACCOUNT**
- DIRECT ROLLOVER TO A ROTH IRA**

NEW ACCOUNT INFORMATION:

MAILING ADDRESS:

Roth IRA Account Number	Name of the Roth IRA Institution
Make Check Payable To:	Address – Number & Street
	City State Zip Code

DIRECT ROLLOVER - A surviving spouse can roll over distributions to an eligible Roth 401(k) account in which the spouse is a participant



SECTION J. Beneficiary Signature

Signature Guarantee – Place Medallion Stamp Below (Required if distribution is \$150,000 or more.)

A request for a withdrawal of \$150,000 or more requires that this completed form be stamped with a *medallion signature guarantee*. You can obtain a medallion signature guarantee from a financial institution such as a commercial bank, savings bank, credit union, or broker-dealer. A notary is **NOT** a medallion signature guarantee.

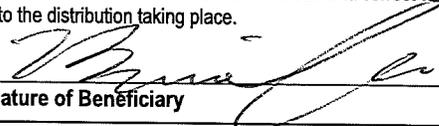
The original form, stamped with the medallion signature guarantee, must be presented to the participant's Plan Administrator for approval.

Please note, for this purpose, the value of the withdrawal is based on the amount available (for full distributions and rollovers) on the date of processing and multiple withdrawal requests within a 14-day period that total \$150,000 or more will be subject to the medallion signature guarantee requirements.

Distribution is \$150,000 or more
Medallion Signature Guarantee – Place Medallion Stamp Below

Beneficiary Signature

My signature acknowledges that I have read, understand and agree to all the terms of this Death Benefit Claim, and affirm that all information that I have provided is true and correct. Further, I acknowledge that I have received the "Special Tax Notice Regarding Payments From Qualified Plans" and other required notices. The above information is true and correct to the best of my knowledge. I further understand that I may revoke this election at any time prior to the distribution taking place.



Signature of Beneficiary

04-14-22

Date

MUST BE COMPLETED BY THE PLAN ADMINISTRATOR, TRUSTEE OR AUTHORIZED SIGNER ONLY

Under the plan's document, a participant may be 100% vested in his/her account balance upon death. If vesting applies, according to the vesting schedule, the beneficiary is entitled to a vested benefit of 100 % of the employer contributions.

NS The original or certified copy of the death certificate is required for processing this death benefit. I certify, by initialing on the left, (initials) that I have viewed the certified death certificate and a copy of same is enclosed.

If this plan allows for the purchase of life insurance policies, the plan administrator should refer to the Plan and Trust Agreement for more information.

By my signature below, I hereby authorize Transamerica to process the distribution described in this form. This request is in compliance with plan provisions.

By: Signature of MEP Plan Administrator, Trustee or Authorized Signer

Date

Print Name of MEP Plan Administrator, Trustee or Authorized Signer

Date

Once this form has been completed with all of the necessary information and required signatures, please forward to the Processing Center for processing. This form cannot be processed without the Plan Administrator, Trustee or Authorized Signer's signature. Be sure to keep a photocopy for your records.

FOR PLAN ADMINISTRATOR USE ONLY MAIL TO: Processing Center, 6400 C Street SW, Cedar Rapids, IA 52499, Fax: 833-200-9987



CERTIFICATE OF DEATH

STATE FILE NUMBER 2022-MN-014173

DECEDENT NGOC LEE JOHNSON
LAST NAME BEFORE TRAN
FIRST MARRIAGE
ALSO KNOWN AS NGOC THAO JOHNSON
SOCIAL SECURITY NUMBER 603 - 58 - 6183
SEX FEMALE
BORN MARCH 20, 1974
PLACE OF BIRTH TY HOA VIETNAM

DATE OF DEATH APRIL 04, 2022
PLACE OF DEATH MAYO CLINIC HOSPITAL-ROCHESTER, ST MARYS CAMPUS
ROCHESTER OLMSTED MINNESOTA

MARITAL STATUS MARRIED
SPOUSE BRIAN
LAST NAME BEFORE FIRST MARRIAGE JOHNSON
RESIDENCE ROCHESTER OLMSTED MINNESOTA
PARENT PHUONG THI
PARENT
FUNERAL HOME ROCHESTER CREMATION SERVICES
DISPOSITION CREMATION

CAUSE OF DEATH
IMMEDIATE COMPLICATIONS OF ASTROCYTIC GLIOMA
UNDERLYING

OTHER CONTRIBUTING
CONDITIONS

MANNER NATURAL
MEDICAL CERTIFIER READE ALAN QUINTON, M.D.
200 1ST STREET SW, ROCHESTER, MINNESOTA, 55905

THIS RECORD HAS NOT BEEN AMENDED

THIS IS A TRUE AND CORRECT RECORD OF DEATH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.



MR&C Certificate ID
13903136

FILED: APRIL 06, 2022

Molly Mulcahy Crawford
Molly Mulcahy Crawford
STATE REGISTRAR

ISSUED: APRIL 12, 2022 OLMSTED COUNTY LICENSE BUREAU
THIS CERTIFICATE IS VALID ONLY WHEN PRINTED ON OFFICIAL WATERMARKED
SECURITY PAPER WITH A SECURITY THREAD AND STATE SEAL OF MINNESOTA.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

