DUKE UNIVERSITY 457(B) DEFERRED COMPENSATION PLAN
Employee Distribution Election Form

Complete this form to indicate your distribution commencement date and form of payment. The distribution commencement date can be changed at any time up to 60 days from the date after you separate from service. After this point, you cannot make changes to the commencement date unless you request the One-time Postponement Option to delay the payment.

If you have not selected a valid distribution commencement date within 60 days of separation from service, then your entire balance will be paid to you as a lump sum 75-120 days after separation from service.

SECTION 1: PARTICIPANT INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Duke ID:</th>
</tr>
</thead>
</table>

Email: ____________________________

*If you have provided an email address, you will receive an email confirmation within 3 business days of receiving this form.

SECTION 2: COMMENCEMENT DATE

Please indicate your distribution Commencement Date (mm/dd/yyyy): ________________

Please note: federal law requires that you begin withdrawals from your account no later than April 1 of the calendar year following the year you reach age 72 or following the year you retire or separate from service, whichever is later.

SECTION 3: FORM OF PAYMENT

Please select ONE option*:

- [ ] Lump Sum
- [ ] Fixed Period Payments. Please indicate number of years and frequency:
  - Number of Years (Select one):
    - [ ] 5 Years
    - [ ] 10 Years
    - [ ] 15 Years
  - Frequency (Select one):
    - [ ] Annually
    - [ ] Monthly
    - [ ] Semi-annually
    - [ ] Quarterly
- [ ] Minimum Distribution Payments - The amount required by federal law to be paid from tax-favored retirement plans, generally beginning by April 1 of the calendar year following the year in which the participant turns 72 or retires, whichever is later.
  - Frequency (Select one):
    - [ ] Annually
    - [ ] Monthly
    - [ ] Semi-annually
    - [ ] Quarterly

SECTION 4: SIGNATURES

Employee Signature: ____________________________ Date: ________________

Duke Signature: ____________________________ Date: ________________

Please send completed form to 457(b) Team using one of the methods below:

Mail: Benefits, Box 90502, 705 Broad Street, Durham, NC 27708
Fax: (919) 681-8774
Email: benefits@duke.edu

457b Distribution Option Form – Rev 10/2020