

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TRANSAMERICA RETIREMENT SOLUTIONS 6400 C STREET SW CEDAR RAPIDS, IA 52499		1 Gross distribution	\$9,051.26	OMB No. 1545-0119 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount	\$9,051.26		
FOR QUESTIONS CALL 800-401-8726		2b Taxable amount not determined	<input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/> \$1,810.25	
		3 Capital gain (included in box 2a)	4 Federal income tax withheld		
PAYER'S TIN	RECIPIENT'S TIN	\$1,810.25			
13-3689044	***-**-0096				
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MOTE HARI 3933 RAVENSFIELD DR CANTON, MI 48188		5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
		7 Distribution code(s) 1	IRA / SEP / SIMPLE <input type="checkbox"/>	8 Other %	
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	17 Local tax withheld	18 Name of locality
Account number (see instructions)		13 Date of payment		14 State tax withheld	15 State/Payer's state no.
51332800000				\$376.60	MI/133689044
				16 State distribution	19 Local distribution

Form 1099-R www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TRANSAMERICA RETIREMENT SOLUTIONS 6400 C STREET SW CEDAR RAPIDS, IA 52499		1 Gross distribution	\$9,051.26	OMB No. 1545-0119 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount	\$9,051.26		
FOR QUESTIONS CALL 800-401-8726		2b Taxable amount not determined	<input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/> \$1,810.25	
		3 Capital gain (included in box 2a)	4 Federal income tax withheld		
PAYER'S TIN	RECIPIENT'S TIN	\$1,810.25			
13-3689044	***-**-0096				
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MOTE HARI 3933 RAVENSFIELD DR CANTON, MI 48188		5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
		7 Distribution code(s) 1	IRA / SEP / SIMPLE <input type="checkbox"/>	8 Other %	
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	17 Local tax withheld	18 Name of locality
Account number (see instructions)		13 Date of payment		14 State tax withheld	15 State/Payer's state no.
51332800000				\$376.60	MI/133689044
				16 State distribution	19 Local distribution

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TRANSAMERICA RETIREMENT SOLUTIONS 6400 C STREET SW CEDAR RAPIDS, IA 52499		1 Gross distribution	\$9,051.26	OMB No. 1545-0119 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount	\$9,051.26		
FOR QUESTIONS CALL 800-401-8726		2b Taxable amount not determined	<input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/> \$1,810.25	
		3 Capital gain (included in box 2a)	4 Federal income tax withheld		
PAYER'S TIN	RECIPIENT'S TIN	\$1,810.25			
13-3689044	***-**-0096				
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MOTE HARI 3933 RAVENSFIELD DR CANTON, MI 48188		5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
		7 Distribution code(s) 1	IRA / SEP / SIMPLE <input type="checkbox"/>	8 Other %	
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	17 Local tax withheld	18 Name of locality
Account number (see instructions)		13 Date of payment		14 State tax withheld	15 State/Payer's state no.
51332800000				\$376.60	MI/133689044
				16 State distribution	19 Local distribution

Form 1099-R www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TRANSAMERICA RETIREMENT SOLUTIONS 6400 C STREET SW CEDAR RAPIDS, IA 52499		1 Gross distribution	OMB No. 1545-0119 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount		
FOR QUESTIONS CALL 800-401-8726		2b Taxable amount not determined	Total distribution <input checked="" type="checkbox"/>	
		3 Capital gain (included in box 2a)	4 Federal income tax withheld	
PAYER'S TIN 13-3689044	RECIPIENT'S TIN ***-**-0096	5 Employee contributions/Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MOTE HARI 3933 RAVENSFIELD DR CANTON, MI 48188		7 Distribution code(s) B1 IRA / SEP / SIMPLE <input type="checkbox"/>		8 Other
		9a Your percentage of total distribution		9b Total employee contributions
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib. 2021	12 FATCA filing requirement <input type="checkbox"/>	13 Date of payment
14 State tax withheld		15 State/Payer's state no.		16 State distribution
Account number (see instructions) 51332800000		17 Local tax withheld		18 Name of locality MI/133689044
Form 1099-R		www.irs.gov/Form1099R		Department of the Treasury-Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TRANSAMERICA RETIREMENT SOLUTIONS 6400 C STREET SW CEDAR RAPIDS, IA 52499		1 Gross distribution	OMB No. 1545-0119 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount		
FOR QUESTIONS CALL 800-401-8726		2b Taxable amount not determined	Total distribution <input checked="" type="checkbox"/>	
		3 Capital gain (included in box 2a)	4 Federal income tax withheld	
PAYER'S TIN 13-3689044	RECIPIENT'S TIN ***-**-0096	5 Employee contributions/Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MOTE HARI 3933 RAVENSFIELD DR CANTON, MI 48188		7 Distribution code(s) B1 IRA / SEP / SIMPLE <input type="checkbox"/>		8 Other
		9a Your percentage of total distribution		9b Total employee contributions
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib. 2021	12 FATCA filing requirement <input type="checkbox"/>	13 Date of payment
14 State tax withheld		15 State/Payer's state no.		16 State distribution
Account number (see instructions) 51332800000		17 Local tax withheld		18 Name of locality MI/133689044
Form 1099-R		www.irs.gov/Form1099R		Department of the Treasury-Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TRANSAMERICA RETIREMENT SOLUTIONS 6400 C STREET SW CEDAR RAPIDS, IA 52499		1 Gross distribution	OMB No. 1545-0119 2022 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount		
FOR QUESTIONS CALL 800-401-8726		2b Taxable amount not determined	Total distribution <input checked="" type="checkbox"/>	
		3 Capital gain (included in box 2a)	4 Federal income tax withheld	
PAYER'S TIN 13-3689044	RECIPIENT'S TIN ***-**-0096	5 Employee contributions/Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code MOTE HARI 3933 RAVENSFIELD DR CANTON, MI 48188		7 Distribution code(s) B1 IRA / SEP / SIMPLE <input type="checkbox"/>		8 Other
		9a Your percentage of total distribution		9b Total employee contributions
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib. 2021	12 FATCA filing requirement <input type="checkbox"/>	13 Date of payment
14 State tax withheld		15 State/Payer's state no.		16 State distribution
Account number (see instructions) 51332800000		17 Local tax withheld		18 Name of locality MI/133689044
Form 1099-R		www.irs.gov/Form1099R		Department of the Treasury-Internal Revenue Service