PAYER'S name, street address, city, state, and ZIP code 1 Gross distribution OMB No. 1545-0119 Distributions From 12406.11 City of Philadelphia Pensions, Annuities, 2a Taxable amount Retirement or Profit-Board of Pensions & Retirement 12406.11 Sharing Plans, IRAs 16th Floor, Two Penn Center 2b Taxable amount Total Insurance not determined distribution Philadelphia, PA 19102 Contracts, etc. 3 Capital gain (incl. in 2a) 4 Federal tax withheld (215) 496-7400 Form 1099-R Copy B 2481.22 PAYER'S Federal identification No. RECIPIENT'S identification No 5 Employee contributions or insurance premiums 6 Net unrealized appreciation in employer's securities Report this income 23-1735315 on your Federal tax XXX-XX-9447 0.00 return. If box 4 RECIPIENT'S Name and Address 7 Distribution 8 Other shows Federal tax code 1 SIMPLE withheld, attach 9a Your percentage of total distribution 9b Total employee contributions this copy to your tax return 0.00 KRISHNASAKET DOSAPATI 10 Amt to IRR in 5 Years 11 1st YEAR desig Roth cont 12 FATCA filing Req. 451 E MARKET ST APT 514 INDIANAPOLIS, IN 46204-2777 14 State tax withheld 15 State/Payer's state no. 16 State distribution Account number (see inst.) 13 Date of payment 17 Local tax withheld 18 Name of locality 19 Local distribution S-296267-0 WITH00271 This information is being furnished Form 1099-R to the Internal Revenue Service.

PAYER'S name, street address, city, state, and ZIP code 1 Gross distribution OMB No. 1545-0119 Distributions From 12406.11 City of Philadelphia Pensions, Annuities, 2a Taxable amount Retirement or Profit-Board of Pensions & Retirement 12406.11 Sharing Plans, IRAs 16th Floor, Two Penn Center 2b Taxable amount Total Insurance not determined distribution Philadelphia, PA 19102 Contracts, etc. 4 Federal tax withheld 3 Capital gain (incl. in 2a) (215) 496-7400 Form 1099-R Copy C 2481.22 PAYER'S Federal identification No. RECIPIENT'S identification No. 5 Employee contributions or insurance premiums 6 Net unrealized appreciation in employer's securities 23-1735315 XXX-XX-9447 0.00 For Recipient's 7 Distribution RECIPIENT'S Name and Address 8 Other IRA/ SEP/ code 1 Records SIMPLE 9a Your percentage of total 9b Total employee contributions distribution 0.00 KRISHNASAKET DOSAPATI 10 Amt to IRR in 5 Years 11 1st YEAR desig Roth cont 12 FATCA filing Req. 451 E MARKET ST APT 514 INDIANAPOLIS, IN 46204-2777 14 State tax withheld 15 State/Payer's state no. 16 State distribution Account number (see inst.) 13 Date of payment 17 Local tax withheld 18 Name of locality 19 Local distribution

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