		CORRECTED (if o	checked)	Date Printed 01/19/20	024	
AYER'S name, street address, city or town, state or revince, country, ZIP or foreign postal code, and telephone no. CMPOWER TRUST COMPANY LLC PO BOX 173764 D999 DENVER, CO 80217-3764 -800-338-4015		1 Gross distribution \$844.92		OMB No. 1545-0119	Distributions From Pension	
		2a Taxable amount	ψ011.0Z		Annuities Profit-Sh	nuities, Retirement or offt-Sharing Plans, IRAs.
		2h Tayahla amount sat	\$844.92	Form 1099-R	Insurance	Copy B
		determined	la hau 2 : 1	-		Report this income
		o capital gain (included	11 DOX 28)	4 Federal income tax withheld		
***-**-5954 reet address (including apt. no.), city or town, state or province sign postal code 3SARI			s/Designated surance	securities		tax withheld in box 4, attach this
		- m	RA/SEP/	8 Other	0/	copy to your return.
				9b Total employee contribution		This information is being furnished to the
		14 State tax withheld	%	15 State/Payer's state no		IRS. 16 State distribution
		T o cate tax minimora		To dialerrayers state no.		State distribution
year of deci-	42 EATOA 611-	17 Local township - La		CO/01347937		\$844.92
ontrib.	requirement	Local tax withheld		18 Name of locality		19 Local distribution
	13 Date of payment		1000			
	V	www.irs.gov/Form109	9R (	Department of the Treasu	ury-Internal	Revenue Service
	_	7		D		
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EMPOWER TRUST COMPANY LLC DOBOX 173764 D999 DENVER, CO 80217-3764 1-800-338-4015			hecked)			
			\$844.92	2023	Annuities, F	ns From Pensions, Retirement or Iring Plans, IRAs, Contracts, etc.
		24 Taxable amount	\$844.92		Profit-Shari	
		2b Taxable amount not determined		Total distribution	X	Сору С
DAVEDIC TIN			n box 2a)	4 Federal income tax withheld		For Recipient's Records
PAYER'S TIN RECIPIENT'S TIN ***_**-5954			and the second		\$168.98	
		5 Employee contributions	/Designated	6 Net unrealized appreciation in	employer's	
	or town, state or province	5 Employee contributions Roth contributions or in premiums	s/Designated surance	6 Net unrealized appreciation in securities	n employer's	
		Roth contributions or in premiums  7 Distribution code(s)	RA / SEP /	Net unrealized appreciation in securities      Other	n employer's	This information is being furnished to
		Roth contributions or in premiums	RA / SEP /	securities	%	This information is being furnished to the IRS
		Roth contributions or in premiums  7 Distribution code(s)	RA / SEP / IMPLE tal distribution	8 Other	% s	being furnished to
		Roth contributions or in premiums  7 Distribution code(s)  1 S  9a Your percentage of to	RA / SEP / IMPLE tal distribution	8 Other  9b Total employee contributions	% s	being furnished to the IRS.
		Roth contributions or in premiums  7 Distribution code(s)  1 S  9a Your percentage of to	RA / SEP / IMPLE tal distribution	8 Other  9b Total employee contributions  15 State/Payer's state no.	% s	being furnished to the IRS.
ng apt no ), city	or town, state or provinc	7 Distribution code(s) If 1 Sa Your percentage of to	RA / SEP / IMPLE tal distribution	8 Other  9b Total employee contributions  15 State/Payer's state no.  CO/01347937	% s	being furnished to the IRS.  16 State distribution \$844.92
ng apt no ), city	12 FATCA filling requirement 13 Date of payment	Roth contributions or in premiums  7 Distribution code(s) If 9a Your percentage of to  14 State tax withheld  17 Local tax withheld  www.irs.gov/Form109	RA/SEP/ Addition %	9b Total employee contributions 15 State/Payer's state no. CO/01347937 18 Name of locality  Department of the Treasu	% s ury-Internal	being furnished to the IRS.  16 State distribution  \$844.92  19 Local distribution
rear of desig	12 FATCA filling requirement 13 Date of payment ords)	Roth contributions or in premiums  7 Distribution code(s)   1   9a Your percentage of to   14 State tax withheld   17 Local tax withheld   17 Local tax withheld   18 CORRECTED (if cl	RA/SEP/ Addition %	securities  8 Other  9b Total employee contributions  15 State/Payer's state no.  CO/01347937  18 Name of locality  Department of the Trease  Date Printed 01/19/2024	% s ury-Internal	being furnished to the IRS  16 State distribution  \$844.92  19 Local distribution
rear of desig	12 FATCA filling requirement 13 Date of payment ords)	Roth contributions or in premiums  7 Distribution code(s) If 9a Your percentage of to  14 State tax withheld  17 Local tax withheld  WWW.irs.gov/Form109  CORRECTED (if cl	RA/SEP/ Addition %	securities  8 Other  9b Total employee contributions  15 State/Payer's state no.  CO/01347937  18 Name of locality  Department of the Treast  Date Printed 01/19/2024  OMB No. 1545-0119	% sury-Internal Distribution	being furnished to the IRS  16 State distribution  \$844.92  19 Local distribution  Revenue Service  s From Pensions.
rear of designtrib	12 FATCA filling requirement 13 Date of payment ords)	Roth contributions or in premiums  7 Distribution code(s)   1   9a Your percentage of to   14 State tax withheld   17 Local tax withheld   17 Local tax withheld   18 CORRECTED (if cl	surance  RA / SEP / Interpretable in the control of	securities  8 Other  9b Total employee contributions  15 State/Payer's state no.  CO/01347937  18 Name of locality  Department of the Treast  OMB No. 1545-0119	%  bury-Internal  Distribution Annuities, I	being furnished to the IRS  16 State distribution  \$844.92  19 Local distribution  Revenue Service  as From Pensions, Retirement or ing Plans, IRAs.
rear of designtrib	12 FATCA filling requirement 13 Date of payment ords)	Roth contributions or in premiums  7 Distribution code(s) If 9a Your percentage of to  14 State tax withheld  17 Local tax withheld  WWW.irs.gov/Form109  CORRECTED (if cl	RA/SEP/ MIMPLE / MIMP	securities  8 Other  9b Total employee contributions  15 State/Payer's state no.  CO/01347937  18 Name of locality  Department of the Treast  OMB No. 1545-0119  2023	%  Distribution Annuities, Profit-Shar	being furnished to the IRS  16 State distribution  \$844.92  19 Local distribution  Revenue Service  s From Pensions, Retirement or ing Plans, IRAs, Contracts, etc.
year of desig for your rec	12 FATCA filing requirement 13 Date of payment ords)	Roth contributions or in premiums  7 Distribution code(s)   1   9a Your percentage of to   14 State tax withheld   17 Local tax withheld   17 Local tax withheld   17 Local tax withheld   18 CORRECTED (if c)   1 Gross distribution   2a Taxable amount   2b Taxable amount not   18 CORRECTED (if c)   1 Gross distribution   2a Taxable amount   2b Taxable amount   2b Taxable amount   18 CORRECTED (if c)   1 Gross distribution   2a Taxable amount   2b Taxable amount   18 CORRECTED (if c)   1 Gross distribution   2a Taxable amount   2b Taxable amou	PRAISEP / IMPLE / IMPL	securities  8 Other  9b Total employee contributions  15 State/Payer's state no.  CO/01347937  18 Name of locality  Department of the Treast  Date Printed 01/19/2024  OMB No. 1545-0119  2023  Form 1099-R	% Distribution Annuities, Profit-Shar Insurance	being furnished to the IRS  16 State distribution  \$844.92  19 Local distribution  Revenue Service  as From Pensions, Retirement or ing Plans, IRAs, Contracts, etc.  Copy 2  File this copy  with your state,
year of designtrib  for your reconstant or and telephone	12 FATCA filling requirement 13 Date of payment ords)	Roth contributions or in premiums 7 Distribution code(s)	PRAYSEP / MARCHANGE   MARCHANG	securities  8 Other  9b Total employee contributions  15 State/Payer's state no.  CO/01347937  18 Name of locality  Department of the Trease  OMB No. 1545-0119  2023  Form 1099-R  Total distribution	wry-Internal Distribution Annuities, in Profit-Shar Insurance	being furnished to the IRS  16 State distribution  \$844.92  19 Local distribution  Revenue Service  s From Pensions, Retirement or ing Plans, IRAs, Contracts, etc.  Copy 2  File this copy with your state, city, or local income tax return, when
year of designtrib  for your reconstant or and telephone	12 FATCA filling requirement 13 Date of payment ords)	Roth contributions or in premiums 7 Distribution code(s) IS 9a Your percentage of to 14 State tax withheld 17 Local tax withheld 17 Local tax withheld 18 CORRECTED (if cl. 1 Gross distribution 2a Taxable amount 2b Taxable amount not determined 3 Capital gain (included in Roth contributions or in premiums	surance  RA/SEP/ IMPLE IMPLE tal distribution %  PSR IMPLE SAMPLE	securities  8 Other  9b Total employee contributions  15 State/Payer's state no.  CO/01347937  18 Name of locality  Department of the Treast  OMB No. 1545-0119  2023  Form 1099-R  Total distribution  4 Federal income tax withheld  6 Net unrealized appreciation	% Distribution Annuities, Profit-Shar insurance  \$168.98 in employer's	being furnished to the IRS  16 State distribution  \$844 92  19 Local distribution  Revenue Service  s From Pensions, Retirement or ing Plans, IRAs, Contracts, etc.  Copy 2  File this copy with your state, city, or local income tax
year of designtrib  for your reconstant or and telephone	12 FATCA filling requirement 13 Date of payment ords)	Roth contributions or in premiums 7 Distribution code(s) IS 9a Your percentage of to 14 State tax withheld 17 Local tax withheld 17 Local tax withheld 18 CORRECTED (if cl. 1 Gross distribution 2a Taxable amount 2b Taxable amount not determined 3 Capital gain (included in Roth contributions or in premiums	surance  RA/SEP/ IMPLE  IMPLE  19R  19R  19R  19R  19R  19R  19R  19	8 Other  9b Total employee contributions  15 State/Payer's state no.  CO/01347937  18 Name of locality  Department of the Treast  OMB No. 1545-0119  2023  Form 1099-R  Total distribution  4 Federal income tax withheld  6 Net unrealized appreciation securities	% Distribution Annuities, Profit-Shar Insurance  \$168.98 in employer's	being furnished to the IRS  16 State distribution  \$844.92  19 Local distribution  Revenue Service  s From Pensions, Retirement or ing Plans, IRAs, Contracts, etc.  Copy 2  File this copy with your state, city, or local income tax return, when
year of designtrib  for your reconstant or and telephone	12 FATCA filling requirement 13 Date of payment ords)	Roth contributions or in premiums 7 Distribution code(s)   1   9a Your percentage of to   14 State tax withheld   17 Local tax withheld   17 Local tax withheld   17 Local tax withheld   18 CORRECTED (if c)   1 Gross distribution   2a Taxable amount   2b Taxable amount   2c Taxable amou	PRA/SEP/ IMPLE INDICATE SIMPLE SI	securities  8 Other  9b Total employee contributions  15 State/Payer's state no.  CO/01347937  18 Name of locality  Department of the Treast  OMB No. 1545-0119  2023  Form 1099-R  Total distribution  4 Federal income tax withheld  6 Net unrealized appreciation securities	% Distribution Annuities, Profit-Shar Insurance  \$168.98 in employer's	being furnished to the IRS  16 State distribution  \$844.92  19 Local distribution  Revenue Service  s From Pensions, Retirement or ing Plans, IRAs, Contracts, etc.  Copy 2  File this copy with your state, city, or local income tax return, when
year of designtrib  for your reconstant or and telephone	12 FATCA filling requirement 13 Date of payment ords)	Roth contributions or in premiums 7 Distribution code(s)	surance  RA/SEP/ IMPLE  IMPLE  19R  19R  19R  19R  19R  19R  19R  19	securities  8 Other  9b Total employee contributions  15 State/Payer's state no.  CO/01347937  18 Name of locality  Department of the Treast  OMB No. 1545-0119  2023  Form 1099-R  Total distribution  4 Federal income tax withheld  6 Net unrealized appreciation securities  8 Other  9b Total employee contribution	% Distribution Annuities, Profit-Shar Insurance  \$168.98 in employer's	being furnished to the IRS  16 State distribution  \$844 92  19 Local distribution  Revenue Service  s From Pensions, Retirement or ing Plans, IRAs, Contracts, etc.  Copy 2  File this copy with your state, city, or local income tax return, when required.
year of designtrib  for your reconstant or and telephone	12 FATCA filling requirement 13 Date of payment ords)	Roth contributions or in premiums 7 Distribution code(s)	surance  RA/SEP/ IMPLE  IMPLE  19R  19R  19R  19R  19R  19R  19R  19	securities  8 Other  9b Total employee contributions  15 State/Payer's state no.  CO/01347937  18 Name of locality  Department of the Treasu  OMB No. 1545-0119  2023  Form 1099-R  Total distribution  4 Federal income tax withheld  6 Net unrealized appreciation securities  8 Other  9b Total employee contribution	% Distribution Annuities, Profit-Shar Insurance  \$168.98 in employer's	being furnished to the IRS  16 State distribution  \$844 92  19 Local distribution  Revenue Service  s From Pensions, Retirement or ing Plans, IRAs, Contracts, etc.  Copy 2  File this copy with your state, city, or local income tax return, when required.
1	RECIPIENTS ***-*-595 g apt. no.), city  ear of desig. ntrib.	ear of desig. 12 FATCA filing requirement 13 Date of payment 13 Date of payment 14 Date of payment 15 Date of payment 15 Date of payment 16 Date of payment 17 Date of payment 18 Date o	tate or and telephone no.  C  2a Taxable amount  2b Taxable amount not determined  3 Capital gain (included of the premiums)  3 Employee contributions or in premiums  7 Distribution code(s)  9a Your percentage of to 14 State tax withheld  13 Date of payment  WWW.irs.gov/Form109  CORRECTED (if cill a Taxable amount not determined)  1 Gross distribution  2 Taxable amount  CORRECTED (if cill a Taxable amount not determined)  2 Taxable amount not determined  3 Capital gain (included in the premium)  3 Capital gain (included in the premium)	and telephone no.  C  2a Taxable amount  \$844.92  2b Taxable amount not determined  3 Capital gain (included in box 2a)  5 Employee contributions/Designated Roth contributions or insurance premiums  7 Distribution code(s)  9a Your percentage of total distribution  9//  14 State tax withheld  13 Date of payment  WWW.irs.gov/Form1099R  CORRECTED (if checked)  1 Gross distribution  \$844.92  2a Taxable amount not determined  3 Capital gain (included in box 2a)	and telephone no	Taxable amount    1 Gross distribution