

**BOOZ ALLEN HAMILTON
EMPLOYEES' CAPITAL ACCUMULATION PLAN
SECAP DISTRIBUTION ELECTION FORM**

Name: _____ Social Security Number: _____

I am currently: married; single If married print spouse's full name: _____

If you are married and you do not elect the Annuity Distribution Option, your spouse must consent to your waiver of the qualified joint and survivor annuity form of distribution under SECAP by completing the Spouse's Consent on this form.

Please select the applicable options indicated below and return this form to the address indicated at the end of this form.

OPTION I Annuity Distribution

(This option is applicable only if your total vested SECAP account balance exceeds \$5,000)

If you choose the annuity option it is the responsibility of the participant to inquire on his/her own behalf regarding the various annuity options offered by different annuity providers. If you elect that your entire SECAP benefit be paid in the form of a single life annuity if you are single, or in the form of a qualified joint and 50% survivor annuity if you are married, you should fill out sections III and provide the applicable rollover information below. An annuity is a stream of equal payments over your lifetime or that of your spouse, whichever is longer.

OPTION II Age 60 Full or Partial Withdrawal (This option is available only if you are age 60 and an active employee)

Please check the box below and fill in the amount you would like distributed. If you would like to rollover this distribution to an IRA or another qualified plan check the box below and fill out the section below titled **"Rollover Information"** otherwise 20% of the taxable distribution will be withheld for Federal income taxes.

_____% or \$ _____ I am an employee of Booz Allen Hamilton. and have reached age 60. I am requesting a withdrawal of my SECAP funds.

Payments to non-resident aliens are subject to a 30% federal withholding tax, and U.S. persons with a residential mailing address outside the United States may be subject to a 30% federal withholding tax, unless they are eligible for a reduced rate or exemption under a tax treaty and the required IRS tax forms are submitted.

OPTION III Full Termination Distribution (This option is available only if you are terminated)

(Whole percentages must total 100%)

_____ % **Percentage Of Account Paid To Me** (Please Enter In Whole Percentages)

I understand that 20% of the taxable distribution that is paid directly to me will be withheld for Federal income taxes. Please refer to the enclosed Special Tax Notice Regarding Single Sum Distributions for information on the tax treatment of a distribution from SECAP.

_____ % **Percentage Of Account Paid As Direct Rollover To An IRA Or Another Employer's Qualified Plan**

(Please Enter In Whole Percentages)

I understand that by having the distribution paid directly to an IRA or another employer's qualified plan, that no Federal income taxes will be withheld from my distribution. I further understand that I will receive a check negotiable only by my IRA or the trustee of the qualified plan. It is my responsibility to forward the check to the IRA or qualified plan trustee. I certify that to the best of my knowledge, the following information is correct. Please check only one box below and complete the information applicable to your selection:

"For the Benefit of" refers to the individual name on the account that this rollover request is being sent.

Payments to non-resident aliens are subject to a 30% federal withholding tax, and U.S. persons with a residential mailing address outside the United States may be subject to a 30% federal withholding tax, unless they are eligible for a reduced rate or exemption under a tax treaty and the required IRS tax forms are submitted.

Rollover Information (Use only for Option II and Option III)

(A) For IRA:
Legal Name of IRA Trustee: _____
Account Number: _____
For the Benefit of: _____

(B) For Other Employer's Qualified Plan:
Legal Name of Qualified Plan: _____
Name of Trustee: _____
For the Benefit of: _____

SECAP DISTRIBUTION FORM (continued)

Option IV Installments from SECAP/ECAP

Percentage of Account Paid to me in Installments (available only if account exceeds \$5,000). Please Enter In Whole Percentages.

When would you like your payments to start? (MMDDYYYY)

Please Note: Installment payments are paid out on the first of each month.

I would like to receive substantially equal payments of \$ (no less than \$1,000 each) commencing as soon as practical as follows:

Annually Semi-annually Quarterly Monthly

for the next years. If less than 10 years I understand that 20% of my installment amount that is paid directly to me will be withheld for Federal income taxes.

Payments to non-resident aliens are subject to a 30% federal withholding tax, and U.S. persons with a residential mailing address outside the United States may be subject to a 30% federal withholding tax, unless they are eligible for a reduced rate or exemption under a tax treaty and the required IRS tax forms are submitted.

I acknowledge having received and read the "Special Tax Notice Regarding Plan Distributions," and I also acknowledge that the elections set forth above are my free act and deed.

Check this box if you would like to have your check overnighted to your address of record for a fee of \$25.00.

I hereby certify, under penalty of perjury, that to the best of my knowledge and belief the information provided on this form, including the Social Security Number or Taxpayer Identification Number, is accurate and complete.

Participant signature: Date:

Participant's daytime telephone number:

Participant's Address:

Spouse's consent to Optional Form of Payment: To be completed only by your spouse if you are married and have elected any option other than the Annuity option and your vested balance in SECAP is greater than \$5,000.

If you are married and elected a form of payment other than the annuity option, your spouse must sign the Spouse's Consent set forth below in order for your election to be effective. Your spouse must sign this form in the presence of a notary public.

Spouse's Consent. I am the spouse of the participant identified above. I hereby acknowledge having read this entire form titled "Supplemental Employees' Capital Accumulation Plan (SECAP) Distribution Election Form" and the "Special Tax Notice".

EXECUTED this day of ,

Notary Public

Participant's Spouse Signature

Please return the completed form to:

Voya Financial
Booz Allen Hamilton
P.O. Box 24747
Jacksonville, FL 32241-4747