

2025 Form 6 - Full and Public Disclosure of Financial Interests

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DIVISION OF ELECTIONS
TALLAHASSEE, FL**General Information**

Name: Daphne Durand Campbell

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

State Representative

Democratic Candidate for Florida State
House Representative District 108Democratic Candidate for Florida
State Representative District 108**Net Worth**My Net Worth as of December 31, 2025 was \$ 570,000.00.

2025 Form 6 - Full and Public Disclosure of Financial Interests

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effect is \$ 10,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
PRIVATE HOUSE 990 NW 132 Street North Miami FL 33168	\$ 560,000.00
BANK OF AMERICA P.O BOX 851001 DALLAS TX 75285	\$ 3,682.93
NAVY FEDERAL BANK/CHECKING/SAVING P.O BOX 3000, MARRIFIELD, VA 22119	\$ 2,946.96
Betterment LLC 450 WEST 33 RD STREET 11th FLOOR. NEW YORK, NY 1000	\$ 2,000.00
NAVY FEDERAL CREDIT UNION/ LINE OF CREDIT P.O BOX 3000, MARRIFIELD, VA 22119	\$ 3,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Jeffrey S. Greenhaus	777 Brickell Avenue, Suite 500. Miami, FL 33131	\$ 51,000.00
Charles Nacivre	Miami, Florida	\$ 66,679.99

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

2025 Form 6 - Full and Public Disclosure of Financial Interests

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2025 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2025 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
TRUSTAFF TRAVEL NURSES LLC	4675 CORNELL ROAD, CINCINNATI OH 45241	\$ 25,930.96
MINDLANCEE HEALTH LLC	1095 MORRIS AVE UNIT 101 A. UNION NJ 07083	\$ 15,847.58
BILKINS INC	44031 PIPELINE PLZ STE 300. ASHBURN, VA 20147	\$ 2,934.47
SOCIAL SECURITY	RITY BLVD. BALTIMORE, MD 21235	\$ 35,760.00
FRS	3189 S BLAIR STONE RD. TALLAHASSEE, FL 32301	\$ 8,106.32
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

Interests in Specified Businesses

Business Entity # 1
N/A

2025 Form 6 - Full and Public Disclosure of Financial Interests

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Dcampbell

Digitally signed: 06/04/2026

2025 W-2 and EARNINGS SUMMARY

ADP

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

Hand Delivered

W-2 Wage and Tax Statement 2025

Employer's name, address, and ZIP code

TRUSTAFF TRAVEL NURSES L
LC
4675 CORNELL ROAD
CINCINNATI OH 45241

Batch 602899

Employee's name, address, and ZIP code

DAPHNE D CAMPBELL
14625 NE 4 AVE
NORTH MIAMI FL 33161

1 Wages, tips, other comp. 25930.96	2 Federal income tax withheld 2182.98
3 Social security wages 25930.96	4 Social security tax withheld 1607.72
5 Medicare wages and tips 25930.96	6 Medicare tax withheld 376.00
7 Social security tips	8 Allocated tips
9 Nonqualified plans	10 Dependent care benefits
11 Health/savings plans	12a See instructions for box 12
14 Other	15 State Employer's state ID no. VA 10565.71
16 State income tax	17 Local wages, tips, etc.
18 Local income tax	19 Locality name

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	VA State Wages, Tips, Etc. Box 16 of W-2	JEFFER C Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	10,565.71	15,365.25
Reported W-2 Wages	10,565.71	15,365.25

2. Employee Name and Address.

DAPHNE D CAMPBELL
14625 NE 4 AVE
NORTH MIAMI FL 33161

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1 Wages, tips, other comp. 25930.96	2 Federal income tax withheld 2182.98
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11 Health/savings plans	12a See instructions for box 12
14 Other	15 State Employer's state ID no. VA 10565.71
16 State income tax	17 Local wages, tips, etc.
18 Local income tax	19 Locality name

Employee's name, address, and ZIP code
TRUSTAFF TRAVEL NURSES L
LC
4675 CORNELL ROAD
CINCINNATI OH 45241

Employee's name, address, and ZIP code
DAPHNE D CAMPBELL
14625 NE 4 AVE
NORTH MIAMI FL 33161

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LC
4675 CORNELL ROAD
CINCINNATI OH 45241

Employee's name, address, and ZIP code
DAPHNE D CAMPBELL
14625 NE 4 AVE
NORTH MIAMI FL 33161

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Employee's name, address, and ZIP code
TRUSTAFF TRAVEL NURSES L
LC
4675 CORNELL ROAD
CINCINNATI OH 45241

Employee's name, address, and ZIP code
DAPHNE D CAMPBELL
14625 NE 4 AVE
NORTH MIAMI FL 33161

W-2 Wage and Tax Statement 2025

W-2 Wage and Tax Statement 2025

W-2 Wage and Tax Statement 2025

2025 W-2 and EARNINGS SUMMARY



W-2 Wage and Tax Statement 2025

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

Hand Delivered

MINDLANCE HEALTH LLC
1095 MORRIS AVE UNIT101A
UNION NJ 07083

Batch #03153

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NM. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	24,410.31	24,410.31	24,410.31	11,606.15
Less: Misc. Not Taxable Comp.	9,563.33	4,583.33	6,563.33	2,907.33
Reported W-2 Wages	15,847.58	15,847.58	15,847.58	8,698.82

2. Employee Name and Address.

DAPHNE CAMPBELL
990 NORTHWEST 132ND STREET
NORTH MIAMI FL 33168

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1 Wages, tips, other comp. 15847.58	2 Federal income tax withheld 2565.89
3 Social security wages 15847.58	4 Social security tax withheld 982.55
5 Medicare wages and tips 15847.58	6 Medicare tax withheld 229.79
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
15 State Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.
17 State income tax 712.71	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

1 Wages, tips, other comp. 15847.58	2 Federal income tax withheld 2565.89
3 Social security wages 15847.58	4 Social security tax withheld 982.55
5 Medicare wages and tips 15847.58	6 Medicare tax withheld 229.79
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
15 State Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.
17 State income tax 383.10	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

1 Wages, tips, other comp. 15847.58	2 Federal income tax withheld 2565.89
3 Social security wages 15847.58	4 Social security tax withheld 982.55
5 Medicare wages and tips 15847.58	6 Medicare tax withheld 229.79
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
15 State Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.
17 State income tax 383.10	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Employer's name, address, and ZIP code
MINDLANCE HEALTH LLC
1095 MORRIS AVE UNIT101A
UNION NJ 07083

Employer's name, address, and ZIP code
MINDLANCE HEALTH LLC
1095 MORRIS AVE UNIT101A
UNION NJ 07083

Employer's name, address, and ZIP code
MINDLANCE HEALTH LLC
1095 MORRIS AVE UNIT101A
UNION NJ 07083

1 Employee's FED ID number	2 Employee's SSA number
3 Social security tips	4 Allocated tips
5	6 Dependent care benefits
7 Nonqualified plans	8a See instructions for box 12
14 Other	8b
	8c
	8d
15 State Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.
17 State income tax 712.71	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

1 Employee's FED ID number	2 Employee's SSA number
3 Social security tips	4 Allocated tips
5	6 Dependent care benefits
7 Nonqualified plans	8a See instructions for box 12
14 Other	8b
	8c
	8d
15 State Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.
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Employee's name, address, and ZIP code
DAPHNE CAMPBELL
990 NORTHWEST 132ND STREET
NORTH MIAMI FL 33168

Employee's name, address, and ZIP code
DAPHNE CAMPBELL
990 NORTHWEST 132ND STREET
NORTH MIAMI FL 33168

Employee's name, address, and ZIP code
DAPHNE CAMPBELL
990 NORTHWEST 132ND STREET
NORTH MIAMI FL 33168

15 State Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.
17 State income tax 712.71	18 Local wages, tips, etc.
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15 State Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.
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15 State Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.
17 State income tax 383.10	18 Local wages, tips, etc.
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Federal Filing Copy
W-2 Wage and Tax Statement 2025

NM State Reference Copy
W-2 Wage and Tax Statement 2025

NM State Filing Copy
W-2 Wage and Tax Statement 2025

W-2 Wage and Tax Statement 2025

Employer's name (if not the same as the name on the return)
 Employer's address (street, city, state, and ZIP code)
 Employer's federal tax identification number (if any)
 Employer's state tax identification number (if any)
 Employer's local tax identification number (if any)

BATCH 400000

Employer's name (if not the same as the name on the return)
 Employer's address (street, city, state, and ZIP code)
 Employer's federal tax identification number (if any)
 Employer's state tax identification number (if any)
 Employer's local tax identification number (if any)

1. Wages, tips, other comp. 2934.47	2. Federal income tax withheld 323.04
3. Social security wages 2934.47	4. Social security tax withheld 181.94
5. Medicare wages and tips 2934.47	6. Medicare tax withheld 42.55
7. Social security tips	8. Allocated tips
9. Nonqualified plans	10. Dependent care benefits
11. Nonqualified plans	12. Other
13. State income tax	14. Local income tax
15. Local income tax	16. Locality name

This form is to be used by the employer to report the wages and taxes paid to the employee. It is to be filed with the employee's return. The employer must include instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 total:

Gross Pay	Wages, Tips, other Compensation	Social Security Wages	Medicare Wages
2,934.47	2,934.47	2,934.47	2,934.47

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2. Employee Name and Address:

DAAPHNE CAMPBELL
 990 NORTHWEST 132ND STREET
 NORTH MIAMI FL 33108

3. State and Local Tax:

1. Wages, tips, other comp. 2934.47	2. Federal income tax withheld 323.04
3. Social security wages 2934.47	4. Social security tax withheld 181.94
5. Medicare wages and tips 2934.47	6. Medicare tax withheld 42.55
7. Social security tips	8. Allocated tips
9. Nonqualified plans	10. Dependent care benefits
11. Nonqualified plans	12. Other
13. State income tax	14. Local income tax
15. Local income tax	16. Locality name

Employer's name, address, and ZIP code
 BILKINS INC
 44031 PIPELINE PLZ STE 300
 ASHBURN, VA 20147

1. Wages, tips, other comp. 2934.47	2. Federal income tax withheld 323.04
3. Social security wages 2934.47	4. Social security tax withheld 181.94
5. Medicare wages and tips 2934.47	6. Medicare tax withheld 42.55
7. Social security tips	8. Allocated tips
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Employer's name, address, and ZIP code
 DAPHNE CAMPBELL
 990 NORTHWEST 132ND STREET
 NORTH MIAMI FL 33108

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Employer's name, address, and ZIP code
 DAPHNE CAMPBELL
 990 NORTHWEST 132ND STREET
 NORTH MIAMI FL 33108

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 BILKINS INC
 44031 PIPELINE PLZ STE 300
 ASHBURN, VA 20147

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Employer's name, address, and ZIP code
 DAPHNE CAMPBELL
 990 NORTHWEST 132ND STREET
 NORTH MIAMI FL 33108

Federal Filing Copy
 W-2 Wage and Tax Statement 2025

FL State Reference Copy
 W-2 Wage and Tax Statement 2025

FL State Filing Copy
 W-2 Wage and Tax Statement 2025

2025 W-2 and EARNINGS SUMMARY

ADP

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

VA State Filing Copy
W-2 Wage and Tax Statement
2025

Employer's name, address, and ZIP code
TRUSTAFF TRAVEL NURSES L
LC
4675 CORNELL ROAD
CINCINNATI OH 45241

Batch #02699

1. Employee's name, address, and ZIP code
DAPHNE D CAMPBELL
14625 NE 4 AVE
NORTH MIAMI FL 33161

1. Employer's EIN (999999999)	2. Employee's SSA number
3. Wages, tips, other comp. 25930.96	4. Federal income tax withheld 2182.98
5. Social security wages 25930.96	6. Social security tax withheld 1607.72
7. Medicare wages and tips 25930.96	8. Medicare tax withheld 376.00
9. Social security tips	10. Allocated tips
11. Nonqualified plans	12a. Dependent care benefits
13. Other	12b. See instructions for box 12
14. State/Employee's state ID no. VA	15. State wages, tips, etc. 10565.71
16. State income tax	17. Local wages, tips, etc.
18. Local income tax	19. Locality name

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Gross Pay
Reported W-2 Wages

VA State Wages, Tips, Etc. Box 16 of W-2	JEFFER C Local Wages, Tips, Etc. Box 16 of W-2
10,565.71	15,365.25
10,565.71	15,365.25

Hand Delivered

2. Employee Name and Address.

DAPHNE D CAMPBELL
14625 NE 4 AVE
NORTH MIAMI FL 33161

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5. Medicare wages and tips 25930.96	6. Medicare tax withheld 376.00
d. Control number 970047 CLEV/6YK 090640	Emp. Employer use only T 529

c. Employer's name, address, and ZIP code
TRUSTAFF TRAVEL NURSES L
LC
4675 CORNELL ROAD
CINCINNATI OH 45241

b. Employee's EIN ID number	a. Employee's SSA number
7. Social security tips	8. Allocated tips
9.	10. Dependent care benefits
11. Nonqualified plans	12a. See instructions for box 12
14. Other	12b. 12c. 12d.
	13. State/emp. Ret. plan and party sick pay

e1. Employee's name, address and ZIP code
DAPHNE D CAMPBELL
14625 NE 4 AVE
NORTH MIAMI FL 33161

15. State/Employee's state ID no. VA	16. State wages, tips, etc. 10565.71
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VA State Filing Copy
W-2 Wage and Tax Statement
2025

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4675 CORNELL ROAD
CINCINNATI OH 45241

b. Employee's EIN ID number	a. Employee's SSA number
7. Social security tips	8. Allocated tips
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11. Nonqualified plans	12a. 12b. 12c. 12d.
14. Other	13. State/emp. Ret. plan and party sick pay

e1. Employee's name, address and ZIP code
DAPHNE D CAMPBELL
14625 NE 4 AVE
NORTH MIAMI FL 33161

15. State/Employee's state ID no. VA	16. State wages, tips, etc. 10565.71
17. State income tax	18. Local wages, tips, etc. 15365.25
19. Local income tax	20. Locality name

City or Local Filing Copy
W-2 Wage and Tax Statement
2025

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c. Employer's name, address, and ZIP code
TRUSTAFF TRAVEL NURSES L
LC
4675 CORNELL ROAD
CINCINNATI OH 45241

b. Employee's EIN ID number	a. Employee's SSA number
7. Social security tips	8. Allocated tips
9.	10. Dependent care benefits
11. Nonqualified plans	12a. 12b. 12c. 12d.
14. Other	13. State/emp. Ret. plan and party sick pay

e1. Employee's name, address and ZIP code
DAPHNE D CAMPBELL
14625 NE 4 AVE
NORTH MIAMI FL 33161

15. State/Employee's state ID no. VA	16. State wages, tips, etc. 15365.25
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City or Local Filing Copy
W-2 Wage and Tax Statement
2025

Hand Delivered

Betterment Checking Terms and Conditions

Effective October 15, 2025

This document (the “Terms and Conditions”) provides you with important information about the services provided by Betterment Financial LLC (“Betterment Financial”) with respect to Betterment Checking (the “Program”). The Program is made available to you through Betterment Financial. The non-interest bearing demand deposit account that you will open through the Program (the “Checking Account”) is provided, and the Betterment Visa Debit Card (the “Debit Card”) is issued, by nbkc bank (“nbkc” or the “Bank”), a bank chartered under the laws of the state of Kansas.

These Terms and Conditions set forth important information regarding Betterment Financial with respect to the products and services offered through the Program.

Please read these Terms and Conditions carefully, including the Arbitration Clause in Section 9.9 requiring all claims to be resolved by way of binding arbitration. These Terms and Conditions should be read in connection with the nbkc Bank Consumer Deposit Agreement and related documents which govern your Checking Account (collectively, the “nbkc Consumer Agreements”). Please read the nbkc Consumer Agreements carefully as they contain detailed information regarding the parties and their respective roles in providing products and services in connection with the Program.

You hereby acknowledge that you have received, carefully read, and agree to be bound by these Terms and Conditions.

1 Summary

These Terms and Conditions set forth certain rights and obligations between you and Betterment Financial in relation to your participation in the Program.

Betterment Financial is not offering the Checking Account and related services to anyone residing outside the fifty (50) U.S. states; U.S. citizens residing or working abroad are not eligible. Betterment Financial makes no representation or warranty regarding the Checking Account’s or the related services’ compliance with local laws in foreign jurisdictions. If you proceed to open a Checking Account, you agree that you will terminate the Checking Account and the related nbkc Consumer Agreements upon any change in residency that would make you ineligible to receive the products and services provided in connection with your Checking Account.

The Checking Account is not available to non-resident aliens who require a Form W-8 for tax withholding. Your inability to access the Program Website (the “Website”) or the mobile application (“Mobile App”) made available by Betterment Financial in certain foreign countries could result in your inability to access your Checking Account, the services provided in connection with your Checking Account, or to provide information and preferences regarding

your Checking Account. You agree to indemnify and hold Betterment Financial and its successors, affiliates, or assignees harmless from and against any and all losses arising out of, relating to, or incurred as a result of your attempt to access the Website or Mobile App from foreign countries.

You represent and warrant to Betterment Financial that: (i) you are at least 18 years of age (or older if you reside in a state where the majority age is older); (ii) you satisfy the requirements contained in the previous paragraph; (iii) you have provided Betterment Financial with a verifiable U.S. street address (not a P.O. Box); (iv) the personal information that you provide to Betterment Financial in connection with the Account is true, correct and complete; (v) you received a copy of these Terms and Conditions and the nbkc Consumer Agreements; and (vi) you accept the Checking Account and/or the related Debit Card, these Terms and Conditions and the terms of the nbkc Consumer Agreements.

By accepting these Terms and Conditions, you agree and acknowledge that each Checking Account constitutes a direct obligation of the Bank and is not directly or indirectly an obligation of Betterment Financial or any of its affiliates. You can obtain publicly available financial information concerning the Bank at fdic.gov or by contacting the FDIC Public Information Center by mail at Federal Deposit Insurance Corporation Public Information Center 3501 North Fairfax Drive, Arlington, Room E-1021, VA 22226, or by phone at 703-562-2200. Betterment Financial is not responsible for the financial condition of the Bank, and does not guarantee in any way the financial condition of the Bank or the accuracy of any publicly available financial information concerning the Bank.

2 Important Disclosures About the Program and the Checking Account

2.1 Your Relationship with the Bank

In order to receive services through the Program, you will enter into a direct account relationship with nbkc and become a customer of nbkc, and you will be able to deposit funds into or withdraw funds directly from the Checking Account.

The Checking Accounts will be established and maintained, and transactions will be processed, by nbkc. Under no circumstances will Betterment Financial have access to the funds in your Checking Account, have the ability to initiate ACH debit or credit transactions on behalf of you or nbkc, or have control over your Checking Account. You acknowledge and agree that Betterment Financial will act as your agent in delivering communications and instructions from you to nbkc. In other respects, as described below, Betterment Financial will act as the Bank's agent. You acknowledge that Betterment Financial will be compensated by nbkc for introducing Betterment Financial's customers to the Program. This compensation will include both an amount paid by nbkc (or by other network banks used by nbkc) based on the amount deposited

by Betterment Financial's customers and a share of any interchange fees resulting from the use of a Debit Card by any Betterment Financial's customer.

Account statements will be generated by nbkc and made available to you by Betterment Financial electronically on a periodic basis and are available to view and/or print on the Website, or view via the mobile app. We will not email statements to you. You should retain all account statements for your own record. If you close your Checking Account, you will be able to obtain old statements only by contacting support@betterment.com.

In the event that the business relationship between Betterment Financial and nbkc is terminated, at its discretion, Betterment Financial may choose to transition the Program (including your Checking Account and the related Debit Card) to a successor bank or to wind down the Program in its entirety. You will receive notification and information as to how your Checking Account will be affected prior to the transitioning or wind-down.

2.2 Roles, Rights and Duties of Betterment Financial

You acknowledge and agree that Betterment Financial acts as an interface between you and nbkc and provides the technical capacity and customer services for you to access and use your Checking Account and Debit Card. Neither Betterment Financial, nor any of its affiliates, is a bank.

You further acknowledge and agree that Betterment Financial acts as the Bank's agent in providing customer services to you in connection with the Program, including, but not limited to: delivering notifications, account statements, and other notices or alerts relating to your Checking Account, receiving inquiries, requests or communications from you concerning activities or status of your Checking Account, conveying other information between you and the Bank, and resolving errors and disputes, and account status changes relating to your Checking Account.

Betterment Financial may, at its discretion, engage any of its affiliates, agents, and representatives, as well as any service provider, to perform the services in connection with the Program. Betterment Financial and its affiliates are not responsible for the obligations, acts, or omissions of nbkc. Accordingly, neither Betterment, nor any of its affiliates, will indemnify you or be held responsible for the obligations, acts, or omissions of nbkc.

You agree to direct all communications between you and nbkc through the Betterment Financial Customer Experience team in accordance with the provisions and contact information in the nbkc Consumer Agreements. All questions or complaints regarding your Checking Account, Debit Card or the Program should be directed to Betterment Financial. You acknowledge and agree that Betterment Financial may not be reachable through certain channels at certain times, as set forth on the Website and/or Mobile App.

2.3 Reporting Errors

Please refer to the nbkc Consumer Agreements for information concerning your rights and responsibilities relating to potential errors, and related questions, concerning electronic transfers.

3 Safeguarding your Information

3.1 Privacy Policy and Sharing of Information

You acknowledge receipt of Betterment Financial's Privacy Policy, which is available at <https://www.betterment.com/legal/privacy-policy>. The Privacy Policy describes the general policies of Betterment Financial and its affiliates regarding the use and sharing of information (including nonpublic personal information provided to or collected by Betterment Financial and its affiliates). You agree that the rights and obligations of you and Betterment Financial and its affiliates relating to your personal information provided in the Privacy Policy apply to the Program.

Your use of the Checking Account and Debit Card is also subject to the Bank's privacy policy. Please refer to the nbkc Consumer Agreements for more details. You agree that the Bank and Betterment Financial may share any data or information regarding you that is provided to or obtained by the Bank or Betterment Financial in the performance of their respective obligations under the Program.

You authorize Betterment Financial and its affiliates to use information about you and to share such information with nbkc and/or their respective agents in verifying your identity, performing background checks, investigating suspicious activity or for any other purposes relating to the Program, including after you terminate your participation in the Program as required by law.

3.2 Security

You acknowledge and agree to store your password in a secure manner, not to share your username and password with any other individual, and to regularly log into and monitor your Account for unauthorized access. You acknowledge and agree that you are responsible for all acts and omissions taken on the Website and/or Mobile App with the use of your username and password. You agree to notify Betterment Financial immediately in writing if you become aware of any unauthorized use of your username and/or password. Neither Betterment Financial nor any of its affiliates will be liable to you or to any other person for any claim with respect to actions taken based on any information provided without your authorization through the Website and/or Mobile App. Betterment Financial reserves the right to place a hold on your Account if we suspect irregular, fraudulent, unlawful or otherwise unauthorized activity. We may attempt to notify you of such a hold but are not required to provide notice prior to placing

the hold. You agree that we may maintain such hold until all claims against you or us to the funds held in your Account have been resolved fully in our sole satisfaction.

You acknowledge that Betterment Financial requires two-factor authentication to access your Account, and that Betterment Financial will restrict access to your Account if you are unable to provide the required authentication when prompted on the Website and/or Mobile App.

You understand and agree that Betterment Financial may in its discretion, but is not obligated to, monitor or record any of your telephone conversations with customer service for quality control and regulatory compliance purposes and for Betterment Financial's own protection. Unless otherwise agreed in writing, Betterment Financial does not consent to the recording of telephone conversations by you or any third party. You acknowledge and understand that not all telephone lines or calls are recorded by Betterment Financial and not all call recordings will be retained or are capable of being retrieved.

3.3 Protecting Your Checks; Notice of Errors, Forgeries and Unauthorized Signatures

You are responsible for safeguarding your paper checks ("Checks") and other account documents and information from theft and unauthorized use. You must write your Checks in a way that prevents someone else from completing, altering or adding to them without your authorization. Betterment Financial does not manually process checks and is not responsible for comparing signatures on any Checks presented for deposit or payment. If you become aware that any Checks or other documents and information (such as statements) have become lost or stolen, you must notify us immediately. Betterment Financial is not responsible for any losses that result from your failure to properly protect your Checks, account documents or information, and/or your failure to notify us of any unauthorized activity in your account.

You are responsible for promptly reviewing your Account statements and any other information sent to you by Betterment Financial. You must notify us in writing (which may be made to support@betterment.com) within 30 days after we make a statement available if a Check you did not authorize or that is altered is listed on your statement, or your statement otherwise contains any errors or discrepancies. You must provide us with all required information we need to investigate the alleged unauthorized Check or error. If you do not notify Betterment Financial within the required time period and/or do not provide us the required information to investigate your claim, your statement will be deemed to be correct, all transactions shown on the statement will be deemed to be properly charged, you may not make any legal claim against Betterment Financial or any of its affiliates for any losses in any way related to the unauthorized Check or errors, and Betterment Financial is not required to reimburse you for any further unauthorized Checks or errors initiated by or originating from the same wrongdoer(s) that we pay after that time.

4 Checks; Processing Services

Your use of Checks is subject to nbkc's terms and conditions regarding Checks for your Account. Please refer to the nbkc Consumer Agreements for more details.

To the extent Betterment Financial facilitates or provides any services on behalf of nbkc with respect to processing or facilitating of Bill Pay Checks, Checks, Wire Transfers and ACH (as each of those terms are defined in the Consumer Deposit Agreement), the applicable provisions of the Consumer Deposit Agreement are incorporated into these Terms and Conditions and shall apply with references to "Bank" replaced with references to "Betterment Financial".

5 Service Fees and ATM Fee Reimbursement

Neither Betterment Financial nor nbkc will impose any account fees, overdraft fees or minimum balance requirements associated with the Checking Account or Debit Card. Your Debit Card allows you to withdraw cash from ATMs worldwide. Some ATM operators charge a fee for using their ATMs, and some ATM networks charge fees for using their network. If you are charged an ATM fee by the ATM operator or network with respect to any ATM transaction, Betterment Financial or one of its affiliates will reimburse you for that fee. Reimbursement of ATM fees typically will be credited to your Checking Account on the day after the ATM fee is incurred. Betterment Financial reserves the right, upon prior notice to you, to limit the amount of future ATM fee reimbursements.

Betterment Financial does not charge foreign transaction fees for the use of your Debit Card outside of the United States. Betterment Financial reimburses the foreign transaction fee that Visa charges outside the United States.

Betterment Financial does not charge a standard fee to replace a lost or stolen Debit Card but reserves the right to do so upon prior notice to you.

Betterment Financial reserves the right to change or increase service fees upon prior notice to you in accordance with applicable laws.

6 FDIC Coverage

Any balances you hold with nbkc bank, including but not limited to those balances held in your Checking Account(s), are added together and are insured up to \$250,000 per depositor through nbkc bank, Member FDIC. Betterment Financial is not FDIC-insured, nor are any of its affiliates. FDIC insurance only covers the failure of an insured bank. If you have funds jointly owned, these funds would be separately insured for up to \$250,000 for each joint account owner. nbkc bank utilizes a deposit network service, which means that at any given time, all, none, or a portion of the funds in your Betterment Checking accounts may be placed into and held beneficially in your name at other depository institutions which are insured by the Federal

Deposit Insurance Corporation (FDIC). For a complete list of other depository institutions where funds may be placed, please visit <https://www.cambr.com/bank-list>. Balances moved to network banks are eligible for FDIC insurance once the funds arrive at a network bank. To learn more about pass-through deposit insurance applicable to your account, please see the Account Documentation. Additional information on FDIC insurance can be found at <https://www.fdic.gov/resources/deposit-insurance/>.

You understand and acknowledge that FDIC insurance applies on a per-bank basis. You, and not Betterment Financial or any of its affiliates, are responsible for monitoring the total amount of deposits that you have at the Bank to determine the extent of FDIC deposit insurance available to you. Any deposits (including certificates of deposit) that you maintain with the Bank or a Network Bank, directly or indirectly through an intermediary, including through multiple accounts held at your broker-dealers (for example, through the Betterment Cash Reserve program) in the same insurable capacity, will be aggregated with your funds in your Checking Account at the Bank for the purpose of determining your FDIC insurance coverage.

In the unlikely event that nbkc fails, and FDIC deposit insurance payments become necessary, there is no specific time period during which the FDIC must make insurance payments available. You understand and acknowledge that you may be required to provide certain documentation to the FDIC before insurance payments are made.

You may also call the FDIC at 877-275-3342 or write to the following address: Deposit Insurance Outreach, Division of Depositor and Consumer Protection, 550 17th Street NW, Washington, D.C. 20429, for more information.

7 SIPC Coverage

Checking Accounts are not protected by the Securities Investor Protection Corporation ("SIPC"). Checking Accounts are demand deposit accounts held at the Bank and are not brokerage accounts.

8 Closure of Dormant Checking Accounts

If your Checking Account(s) remain unfunded and inactive, meaning that you have maintained no balance in your Checking Account(s) without any further transaction activity for a period of at least one year, Betterment Financial reserves the right to terminate your relationship with Betterment Financial and its affiliates, Betterment Financial will instruct nbkc to close your Checking Account(s), and nbkc will close your Checking Account(s). You acknowledge and agree that Checking Account closure pursuant to this paragraph may be with or without prior notice to you.

9 Consent to Electronic Delivery of Documents from Betterment Financial

9.1 Consent to Electronic Delivery

You agree to receive all agreements, disclosures, account statements, notices and other communications regarding your Checking Account and the Program (collectively, “Communications”) from Betterment Financial electronically.

You also agree that you will maintain a valid email address and continue to have access to the Internet. If your email address changes, you agree to notify Betterment Financial of the new email address immediately.

9.2 Duration of Consent

Your consent will be effective immediately and will remain in effect unless and until either you or Betterment Financial revoke it. You understand that it may take up to three (3) days to process a revocation of consent to electronic delivery, and you may receive electronic Communications in the interim.

9.3 Revocation of Consent

You may revoke or restrict consent to electronic delivery of Communications at any time, by notifying Betterment Financial in writing at support@betterment.com. You may not request paper delivery of any Communication unless the law requires that such Communication be provided in paper form. You understand that, the foregoing disclosures notwithstanding, if you revoke or restrict consent to electronic delivery of Communications, Betterment Financial may terminate your participation in the Program and your Checking Account may be closed. Neither your revocation or restriction of consent, your request for paper delivery, nor Betterment Financial’s delivery of paper copies of Communications will affect the legal effectiveness or validity of any electronic communication provided while your consent was in effect.

9.4 Electronic Delivery System

Betterment Financial will deliver communications in connection with your Checking Account by making them available on the Website, via Mobile App, or by email. All communications sent via email will be sent to your email address of record. It is important that you maintain a valid email address and promptly notify Betterment Financial of any changes to your email address. Betterment Financial reserves the right to send, or require certain communications from you to be sent, in non-electronic form.

9.5 Network Security and Reliability

You acknowledge that the Internet is not a secure network and that Communications transmitted over the Internet may be accessed by unauthorized or unintended third parties. Email Communications sent by Betterment Financial will not contain confidential customer information such as account numbers or passwords. Due to security risks, you agree not to send any sensitive information such as account numbers or passwords in an unencrypted email. Emails on rare occasions may fail to transmit properly. Regardless of whether you receive an email notification, you agree to check the Website and Mobile App regularly for up-to-date information and to avoid missing time-sensitive information.

9.6 Hardware and Software Requirements

You understand that to receive electronic deliveries, you must have Internet access, a valid email address, the ability to download and have ongoing access to such applications as Betterment Financial may specify, and a printer or other device to download and print or save any information you may wish to retain. Betterment Financial will notify you of any changes in the hardware and software requirements needed to access Communications covered by your consent in this section. By using the Program, you represent that you have the requisite hardware and software to receive electronic Communications and to retain and print the electronic Communications for your records.

10 Tax information

Because the Checking Accounts are non-interest bearing, Betterment Financial will not issue any Form 1099-INT or any other similar tax forms.

11 Miscellaneous

11.1 Modification

Betterment Financial may modify these Terms and Conditions from time to time, with the current Terms and Conditions available at <https://www.betterment.com/legal/everyday-checking>. To the extent permitted by law, you agree that revised Terms & Conditions are effective when posted, and to check the Website regularly for updates to these Terms and Conditions. You further agree that by continuing to participate in the Program, you are accepting any revised Terms and Conditions and will be legally bound by them.

If you avail yourself of additional services provided by Betterment Financial that require you to agree to specific terms and conditions electronically (through clicks or other actions) or otherwise, such terms and conditions will be deemed an amendment to these Terms and Conditions and will be incorporated into and made part of these Terms and Conditions.

11.2 Assignment

To the extent permitted by law, Betterment Financial may assign its rights and duties under the Program to any of its successors, subsidiaries or affiliates without giving you notice, or to any other entity. You may not assign the rights and obligations under the Program without first obtaining the prior written consent of Betterment Financial. Any purported assignment in violation of this section will be void.

11.3 Limitation of Liability

Except as required by applicable law, Betterment Financial and its respective successors, affiliates, or assignees shall have no liability to you for the obligations, acts, or omissions of nbkc. Neither shall Betterment Financial nor its successors, affiliates, or assignees be liable for any deposits, including cash and paper checks, lost in the mail, in transit, or not received by nbkc.

Except as otherwise expressly provided in these Terms and Conditions or as otherwise required by applicable law, Betterment Financial, its affiliates, and the parties with whom Betterment Financial contracts in order to offer your services under the Program are neither responsible nor liable for any indirect, incidental, consequential, special, exemplary, or punitive damages arising out of or relating in any way to your use of the Program, any products or services purchased using the Checking Account or Debit Card, or the products and services offered through the Program.

You understand that Betterment Financial does not guarantee that access to the Website and/or Mobile App will be available all the time. Betterment Financial reserves the right to suspend access to the Program without prior notice for scheduled or unscheduled system repairs or upgrades. Further, access to the Website and/or Mobile App may be limited or unavailable due to peak demand, systems upgrades, maintenance, any kind of interruption of the services provided by Betterment Financial, hardware or software malfunction or failure, internet service failure or unavailability, the actions of any governmental, judicial, or regulatory body, and force majeure. You understand and agree that Betterment Financial will not be liable to you for any losses incurred by you resulting from such access limitations or unavailability.

11.4 Indemnification

At Betterment Financial's request, you agree to defend, indemnify, and hold harmless Betterment Financial and its parents, subsidiaries, and other affiliated companies, and each of their employees, contractors, officers, and directors against any and all claims, suits, damages, costs, lawsuits, fines, penalties, liabilities, and expenses (including, without limitation, reasonable attorneys' fees) that arise from any breach of these Terms and Conditions, violation of applicable law, fraud, or willful misconduct. Betterment Financial reserves the right to

assume the exclusive defense and control of any matter subject to indemnification by you, and you agree to cooperate in asserting any available defenses.

11.5 Severability and Waiver

Betterment Financial will not waive its rights by delaying or failing to exercise them at any time. If any provision of any of these Terms and Conditions is held unenforceable or invalid under any law, rule, or administrative or judicial order or decision, that holding shall not alter the enforceability or validity of the remaining provisions of these Terms and Conditions.

11.6 Section Headings

Section headings in these Terms and Conditions are for convenience of reference only, and shall not govern the interpretation of any provision of these Terms and Conditions.

11.7 Termination

To the extent permitted by law, Betterment Financial reserves the right to decline any customer and to terminate your relationship with Betterment Financial at any time and for any reason, in its sole discretion. You acknowledge that your Checking Account will automatically be closed if your relationship with Betterment Financial is terminated for any reason.

11.8 Electronic Signature

Your intentional action in providing an electronic signature is valid evidence of consent to be legally bound by these Terms and Conditions. The use of electronic versions of Program documents fully satisfies any requirement that they be provided to you in writing. You acknowledge that you may access and retain a record of the documents that you electronically sign through the Interface.

The electronically stored copy of these Terms and Conditions is considered to be the true, complete, valid, authentic, and enforceable record of the Terms and Conditions, admissible in judicial or administrative proceedings to the same extent as if the documents and records were originally generated and maintained in printed form.

11.9 Dispute Resolution; Agreement to Arbitrate

Please read the nbkc Consumer Agreements carefully as they contain arbitration requirements in relation to any dispute between you and nbkc. Notwithstanding the arbitration clauses in the nbkc Consumer Agreements, you agree that any dispute between you and Betterment Financial will be governed by this Section 11.9.

You and Betterment Financial agree that any claim or controversy that may arise between you and Betterment Financial relating in any way to these Terms and Conditions, your

relationship with Betterment Financial, or any service provided by Betterment Financial to you pursuant to the Program will be determined by binding arbitration conducted will be conducted by and according to the Consumer Arbitration Rules and regulations then in effect of the American Arbitration Association (AAA). This arbitration agreement includes any controversy involving the performance, construction, or breach of these Terms and Conditions or any other written agreement between you and Betterment Financial relating to the Program.

You and Betterment Financial agree that the arbitration shall apply the substantive law of New York to all state law claims, that limited discovery shall be conducted in accordance with the AAA's Consumer Arbitration Rules, and that the arbitrator may not award punitive or exemplary damages, unless (but only to the extent that) such damages are required by statute to be an available remedy for any of the specific claims asserted. In accordance with the AAA's Consumer Arbitration Rules, the arbitrator's award shall be in writing. The award shall not include or be accompanied by any findings of fact, conclusions of law, or other written explanations of the reasons for the award. You understand that the right to appeal or to seek modification of any ruling or award by the arbitrator is severely limited under state and federal law. You acknowledge that you are waiving your right to a jury trial. Judgment upon the award rendered may be entered in any court, state or federal, having jurisdiction and the parties hereto and their respective representatives hereby submit to the jurisdiction of any such court for the purpose of such arbitration and the entering of such judgment.

Federal and state statutes of limitation, repose, and/or other rules, laws, or regulations impose time limits for bringing claims in federal and state court actions and proceedings. The parties agree that all federal or state statutes of limitation, repose, and/or other rules, laws, or regulations imposing time limits that would apply in federal or state court, apply to any Controversy, and such time limits are hereby incorporated by reference. Therefore, to the extent that a Controversy would be barred by a statute of limitation, repose or other time limit, if brought in a federal or state court action or proceeding, the parties agree that such Controversy shall be barred in an arbitration proceeding.

Any award of the arbitrator or a majority of the arbitrators will be final and binding, and judgment on such award may be entered in any court having jurisdiction. This arbitration provision will be enforced and interpreted exclusively in accordance with applicable federal laws of the United States, including the Federal Arbitration Act. Any costs, attorneys' fees or taxes involved in enforcing the award will be fully assessed against and paid by the party resisting enforcement of said award.

You agree to the following additional provisions regardless of your place of residence at the time a Controversy arises:

- You agree that any arbitration hearing will be held in New York, New York unless otherwise agreed between you and Betterment Financial in writing;

- You agree to the personal jurisdiction of the courts located in the State of New York, United States, to interpret and enforce the arbitration provisions described in these Terms and Conditions; and
- All arbitrations will be held in the English language, unless otherwise agreed to by the parties.

To the extent permitted by law, you and Betterment Financial agree that each may assert claims against the other only in an individual capacity, and not as a class representative or class member in any putative class action, representative action, or class-wide arbitration. You and Betterment Financial agree that no individual claims in arbitration shall be consolidated or combined with the consent of all parties.

You agree that this agreement to arbitrate shall be binding on you, your heirs, administrators, representatives, executors, successors and assigns.



DAPHNE D CAMPBELL
14625 NE 4TH AVE
NORTH MIAMI FL 33161-2105

Dear Benefit Recipient:

Attached is your 2025 IRS Form 1099-R and Retiree Annual Statement (RAS). The RAS is a year-end summary of your Florida Retirement System (FRS) pension income and deductions. If you live outside of Florida and must file state income taxes, you will need to make a copy of Form 1099-R to file with your state tax return. See Page 4 for Form 1099-R instructions.

You can view or print your 2025 Form 1099-R and RAS documents from your FRS Online account.

How to Log In to Your FRS Online Account

Visit our website at FRS.FL.gov and enter your username and password.
Once you've logged in, click the 1099-R box displayed on the Welcome page.
You can also click on 1099-R in the left-hand navigation menu to access your 1099-Rs.

View the January 2026 Retiree Newsletter on the [publications page](#) of the Division of Retirement website. The newsletter includes information on Form 1099-R and a schedule of the 2026 monthly FRS payment dates.

If you need assistance, contact the division at 850-907-6500 or toll-free at 844-377-1888.

Best wishes for 2026!

Sincerely,

Kathy Gould, Director

**Florida Retirement System
Division of Retirement
RETIREE ANNUAL STATEMENT -- 2025**

Personal Information

Payee Name DAPHNE D CAMPBELL
SSN ██████████
Member Name DAPHNE D CAMPBELL
SSN ██████████

Tax Status:
Filing Status M
Extra Withholding \$0.00
Stated Amount \$0.00
Withholding Response YES (1)

Annual Income/Deductions

Income - Payment Type: MONTHLY

Retirement Benefit	\$	7,135.44
Health Insurance Subsidy (HIS)	\$	667.48 (2)
Health Ins Sub Retro	\$	303.40 (2)
	\$	
	\$	
TOTAL GROSS	\$	8,106.32

Deductions

Tax Withholding	\$	0.00
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL DEDUCTIONS	\$	0.00

Form 1099-R Calculation

Gross Income	\$	8,106.32
Minus HIS Tax Exclusion	\$	0.00
= Box 1 (Gross Distribution)	\$	8,106.32
Minus Box 5 (Simplified Method)	\$	0.00
= Box 2a (Taxable Amount)	\$	8,106.32
Box 4 = Tax Withheld	\$	0.00
Box 7 = Distribution Code		7
Box 9b = Total Employee Contributions for those who retired in current year	\$	

(1) If you have income-tax related questions, please contact your tax advisor. You may also visit the Internal Revenue Services' (IRS) website at www.irs.gov, call the IRS toll free at 800-829-1040 or 800-829-4059 (TDD) if you are hearing impaired. Division of Retirement employees are not trained to provide tax or financial-related advice.

(2) The Health Insurance Subsidy (HIS) benefit is an optional monthly payment that eligible pension recipients must apply for. The purpose of the HIS payment is to provide assistance with the cost of health insurance coverage. The HIS benefit is not an insurance policy and it is not a part of your Florida Retirement System pension.

Pension Protection Act/HELPS Act - Under the provisions of this Act some "Public Safety Officer" retirees (as determined by this Act) may be eligible for a tax exclusion up to \$3,000. For more information, please contact your tax advisor or get general information from the IRS. You may visit the www.irs.gov website and refer to the Instructions Booklet for IRS Form 1040. For your convenience the document "Information for Retired Public Safety Officers Tax Exclusion" can be found on the "Retirees" page of the Division of Retirement's website at www.frs.myflorida.com under Helpful Links and Resources for Retirees.

☐ CORRECTED (if checked)

PAYER FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 8,106.32		OMB No. 1545-0119 2025 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B					
			2a Taxable amount \$ 8,106.32								
			2b Taxable amount not determined ☐				Total distribution ☐				
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 0.00		Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.			
RECIPIENT DAPHNE D CAMPBELL 14625 NE 4TH AVE NORTH MIAMI FL 33161-2105				5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$					
				7 Distribution code(s) 7		IRA/ SEP/ SIMPLE ☐			8 Other \$ %		
				9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00					
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld \$			15 State/Payer's state no.		16 State distribution \$
Account number (see instructions) [REDACTED]				13 Date of payment		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$	

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 8,106.32		OMB No. 1545-0119 2025 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy C					
			2a Taxable amount \$ 8,106.32								
			2b Taxable amount not determined ☐				Total distribution ☐				
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN [REDACTED]		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 0.00		For Recipient's Records This information is being furnished to the IRS.			
RECIPIENT DAPHNE D CAMPBELL 14625 NE 4TH AVE NORTH MIAMI FL 33161-2105				5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$					
				7 Distribution code(s) 7		IRA/ SEP/ SIMPLE ☐			8 Other \$ %		
				9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00					
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.		12 FATCA filing requirement ☐		14 State tax withheld \$			15 State/Payer's state no.		16 State distribution \$
Account number (see instructions) [REDACTED]				13 Date of payment		17 Local tax withheld \$		18 Name of locality		19 Local distribution \$	

Form 1099-R

(keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

Instructions for Recipient

Generally, distributions from retirement plans (IRAs, qualified plans, section 403(b) plans, and governmental section 457(b) plans), insurance contracts, etc., are reported to recipients on Form 1099-R.

Qualified plans and section 403(b) plans. If your annuity starting date is after 1997, you must use the simplified method to figure your taxable amount if your payer didn't show the taxable amount in box 2a. See the instructions for your tax return.

Traditional IRAs or Traditional SIMPLE IRAs. For distributions from a traditional individual retirement arrangement (IRA) or traditional SIMPLE IRA, generally the payer isn't required to compute the taxable amount. See the instructions for your tax return to determine the taxable amount. If you're at least age 73, you must take minimum distributions from your IRA (other than a Roth IRA or Roth SIMPLE IRA). If you don't, you're subject to an excise tax on the amount that should've been distributed. See Pub. 590-A and Pub. 590-B for more information on IRAs.

Roth IRAs or Roth SIMPLE IRAs. For distributions from a Roth IRA or Roth SIMPLE IRA, generally the payer isn't required to compute the taxable amount. You must compute any taxable amount on Form 8606. An amount shown in box 2a may be taxable earnings on an excess contribution.

Loans treated as distributions. If you borrow money from a qualified plan, section 403(b) plan, or governmental section 457(b) plan, you may have to treat the loan as a distribution and include all or part of the amount borrowed in your income. There are exceptions to this rule. If your loan is taxable, code L will be shown in box 7. See Pub. 575.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the payer has reported your complete TIN to the IRS.

Account number. May show an account, policy, or other unique number the payer assigned to distinguish your account.

Box 1. Shows the total amount distributed this year. The amount may have been a direct rollover, a transfer or conversion to a Roth IRA or Roth SIMPLE IRA, a recharacterized IRA contribution; or you may have received it as periodic payments, nonperiodic payments, or a total distribution. Report the amount on Form 1040, 1040-SR, or 1040-NR on the line for "IRA distributions" or "Pensions and annuities" (or the line for "Taxable amount") and on Form 8606, as applicable. However, if this is a lump-sum distribution, see Form 4972. If you haven't reached minimum retirement age, report your disability payments on the line for "Wages, salaries, tips, etc." on your tax return. Also report on that line permissible withdrawals from eligible automatic contribution arrangements and corrective distributions of excess deferrals, excess contributions, or excess aggregate contributions except if the distribution is of designated Roth contributions or your after-tax contributions or if you're self-employed.

If a life insurance, annuity, qualified long-term care, or endowment contract was transferred tax free to another trustee or contract issuer, an amount will be shown in this box and code 6 will be shown in box 7. If a charge or payment was made against the cash value of an annuity contract or the cash surrender value of a life insurance contract for the purchase of qualified long-term care insurance, an amount will be shown in this box and code W will be shown in box 7. You need not report these amounts on your tax return. If code C is shown in box 7, the amount shown in box 1 is a receipt of reportable death benefits that is taxable in part.

Box 2a. This part of the distribution is generally taxable. If there is no entry in this box, the payer may not have all the facts needed to figure the taxable amount. In that case, the first box in box 2b should be checked. You may want to get one of the free publications from the IRS to help you figure the taxable amount. For an IRA distribution, see *Traditional IRAs, Traditional SIMPLE IRAs and Roth IRAs or Roth SIMPLE IRAs*, earlier. For a direct rollover, other than from a qualified plan, section 403(b) plan, or governmental section 457(b) plan to a designated Roth account in the same plan or to a Roth IRA, zero should be shown and you must enter zero (0-) on the "Taxable amount" line of your tax return. If you roll over a distribution (other than a distribution from a designated Roth account) from a qualified plan, section 403(b) plan, or governmental section 457(b) plan to a designated Roth account in the same plan or to a Roth IRA, you must include on the "Taxable amount" line of your tax return the amount shown in this box plus the amount in box 6, if any.

If this is a total distribution from a qualified plan and you were born before January 2, 1936 or you're the beneficiary of someone born before January 2, 1936, you may be eligible for the 10-year tax option. See the Form 4972 instructions for more information.

If you're an eligible retired public safety officer who elected to exclude from income distributions from your eligible plan used to pay certain insurance premiums, the amount shown in box 2a hasn't been reduced by the exclusion amount. See the instructions for your tax return for more information.

Box 2b. If the first box is checked, the payer was unable to determine the taxable amount and box 2a should be blank, except for a Traditional IRA or Traditional SIMPLE IRA. It's your responsibility to determine the taxable amount. If the second box is checked, the distribution was a total distribution that closed out your account.

Box 3. If you received a lump-sum distribution from a qualified plan and were born before January 2, 1936 (or you're the beneficiary of someone born before January 2, 1936), you may be able to elect to treat this amount as a capital gain on Form 4972 (not on Schedule D Form 1040)). See the Form 4972 instructions. For a charitable gift annuity, report as a long-term capital gain as explained in the Instructions for Form 8949.

Box 4. Shows federal income tax withheld. Include this amount on your income tax return as tax withheld. Generally, if you receive payments that aren't eligible rollover distributions, you can change your withholding or elect not to have income tax withheld by giving the payer Form W-4P or Form W-4R, as applicable.

Box 5. Generally, this shows the employee's investment in the contract (after-tax contributions), if any, recovered tax free this year; the portion that's your basis in a designated Roth account; the part of premiums paid on commercial annuities or insurance contracts recovered tax free; the nontaxable part of a charitable gift annuity; or the investment in a life insurance contract reportable under section 6050Y. This box doesn't show any IRA contributions. If the amount shown is your basis in a designated Roth account, the year you first made contributions to that account may be entered in box 11.

Box 6. If you received a lump-sum distribution from a qualified plan that includes securities

of the employer's company, the net unrealized appreciation (NUA) (any increase in value such securities while in the trust) is taxed only when you sell the securities unless you choose to include it in your gross income this year. See Pub. 575 and Form 4972. If you roll over the distribution to a designated Roth account in the same plan or to a Roth IRA or Roth SIMPLE IRA, see the instructions for box 2a. For a direct rollover to a designated Roth account in the same plan or to a Roth IRA or Roth SIMPLE IRA, the NUA is included in box 2a. If you didn't receive a lump-sum distribution, the amount shown is the NUA attributable to employee contributions, which isn't taxed until you sell the securities.

Box 7. The following codes identify the distribution you received. For more information these distributions, see the instructions for your tax return. Also, certain distributions may be subject to an additional 10% tax. See the Instructions for Form 5329.

1--Early distribution, no known exception (in most cases, under age 59½).

2--Early distribution, exception applies (under age 59½).

3--Disability.

4--Death.

5--Prohibited transaction.

6--Section 1035 exchange (a tax-free exchange of life insurance, annuity, qualified long-term care insurance, or endowment contracts).

7--Normal distribution.

8--Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 2025.

9--Cost of current life insurance protection.

A--May be eligible for 10-year tax option (see Form 4972).

B--Designated Roth account distribution. **Note:** If code B is in box 7 and an amount reported in box 10, see the Instructions for Form 5329.

C--Reportable death benefits under section 6050Y.

D--Annuity payments from nonqualified annuities that may be subject to tax under section 1411.

E--Distributions under Employee Plans Compliance Resolution System (EPCRS).

F--Charitable gift annuity.

G--Direct rollover of a distribution to a qualified plan, a section 403(b) plan, a governmental section 457(b) plan, or an IRA.

H--Direct rollover of a designated Roth account distribution to a Roth IRA or Roth SIMPLE IRA.

J--Early distribution from a Roth IRA or Roth SIMPLE IRA, no known exception (in most cases, under age 59½).

K--Distribution of traditional IRA assets not having a readily available FMV.

L--Loans treated as distributions.

M--Qualified plan loan offset.

N--Recharacterized IRA contribution made for 2025 and recharacterized in 2025.

P--Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 2024 previous year.

Q--Qualified distribution from a Roth IRA or Roth SIMPLE IRA.

R--Recharacterized IRA contribution made for 2024 or previous year and recharacterized in 2025.

S--Early distribution from a SIMPLE IRA in first 2 years, no known exception (under age 59½).

T--Roth IRA or Roth SIMPLE IRA distribution, exception applies.

U--Dividend distribution from ESOP under section 404(k). **Note:** This distribution isn't eligible for rollover.

W--Charges or payments for purchasing qualified long-term care insurance contracts under combined arrangements.

Y--Qualified charitable distribution (QCD) claimed by taxpayer under section 408(d)(8).

If the IRA/SEP/SIMPLE box is checked, you've received a traditional IRA, SEP, or SIMPLE distribution.

Box 8. If you received an annuity contract as part of a distribution, the value of the contract is shown. It isn't taxable when you receive it and shouldn't be included in boxes 1 and 2. When you receive periodic payments from the annuity contract, they're taxable at that time. If the distribution is made to more than one person, the percentage of the annuity contract distributed to you is also shown. You'll need this information if you use the 10-year tax option (Form 4972). If you previously received an annuity contract as part of a distribution (or the contract was purchased through a direct rollover from a plan account) and periodic payments from that annuity contract are included in box 1, the value of the contract as of the end of the year is shown. This information may be provided to your plan administrator to determine any required distribution from that plan. If charges were made for qualified long-term care insurance contracts under combined arrangements, the amount of the reduction in the investment (but not below zero) in the annuity or life insurance contract is reported here.

Box 9a. If a total distribution was made to more than one person, the percentage you received is shown.

Box 9b. For a life annuity from a qualified plan or from a section 403(b) plan (with after-tax contributions), an amount may be shown for the employee's total investment in the contract is used to compute the taxable part of the distribution. See Pub. 575.

Box 10. If an amount is reported in this box, see the Instructions for Form 5329 and Pub. 575.

Box 11. The first year you made a contribution to the designated Roth account reported on this form is shown in this box.

Box 12. If checked, the payer is reporting on this Form 1099 to satisfy its Internal Revenue Code chapter 4 account reporting requirement under FATCA. You may also have a filing requirement. See the Instructions for Form 8938.

Box 13. Shows the date of payment for reportable death benefits under section 6050Y.

Boxes 14-19. If state or local income tax was withheld from the distribution, boxes 16 and may show the part of the distribution subject to state and/or local tax.

Additional Information. You may want to see: Form W-4P, Form 4972, Form 5329, Form 8606, Pub. 525, Pub. 560, Pub. 571, Pub. 575, Pub. 590-A, Pub. 590-B, Pub. 721, Pub. 939, and Pub. 969.