

DISTRIBUTION REQUEST

1. EMPLOYEE/PARTICIPANT INFORMATION

Employer/ Plan Name: _____

First Name: _____ MI: _____ Last Name: _____

Social Security #: -- Marital Status: Single Married

Address: _____

City, State, Zip: _____ Birth Date: _____

Home Phone: _____ Email: _____

Work Phone: _____ Hire Date: _____

Termination Date (if applicable): _____ Retirement Date (if applicable): _____

2. DISTRIBUTION INFORMATION

I request to receive a distribution of benefits from the annuity contract(s) / custodial account(s) indicated below that I hold under the employer's Plan because of the following event:

Severance of Employment Disability Plan Termination Retirement age
Check if due to Layoff Death Hardship Other: _____

3. DISTRIBUTION ACCOUNT

<u>Investment Vendor Name(s)</u>	<u>Account / Policy #</u>	<u>Current Balance</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

4. ALTERNATE PAYEE

ONLY fill out this section if the distribution check is being made payable to the account owner's beneficiary(ies). If there are more than two beneficiaries, please attach a separate sheet of paper.

Beneficiary's Name: _____

Social Security #: --

Address: _____ City, State, Zip: _____

Beneficiary's Name: _____

Social Security #: --

Address: _____ City, State, Zip: _____

5. WAIVER OF WAITING PERIOD

You must receive the "Special Tax Notice" at least 30 days (but not more than 90 days) prior to receiving your distribution; however, you may waive the 30-day waiting period if you wish to have your benefit paid earlier. Please check the applicable box below:

I wish to waive the 30-day waiting period. I do **not** wish to waive the 30-day waiting period.

6. INCOME TAX WITHHOLDING

Withhold _____% or \$_____ of the distribution amount and forward it to the IRS.

(Can not be less than 20%, if mandatory withholding from an eligible rollover applies.)

NOTE: If you elect to receive all or a portion of your account in cash, taxes will automatically be withheld and forwarded to the IRS unless an exception applies. If your distribution is not an eligible rollover distribution, then the above withholding election will apply.

If you receive a payment before you reach 59 ½ and you do not roll it over, then in addition to the regular income tax, you may have to pay an extra penalty tax equal to 10% of the taxable portion of the payment. This additional penalty tax does not apply if the payment is used to pay certain medical expenses; you have separated from service after attaining age 55; retired due to a disability; or received the payment as part of a series of payments made over a period of 10 years or more.

If you do not complete the line above to indicate your elective withholding choice for a noneligible rollover distribution, 10% of your distribution will be withheld and forwarded to the IRS. You are liable for the payment of federal income tax on the taxable portion of your distribution. You may also be subject to tax penalties under estimated tax payment rules if your tax payments and withholding amounts are not sufficient.

7. FEES

There is a \$75 fee for each distribution (before-tax and after-tax accounts will be charged separately). QDRO fee is \$350.

8. SIGNATURES AND AUTHORIZATIONS

Retirement Account Participant

I certify under penalties of perjury that the Social Security number provided on this form is correct and I am a US person (including a US resident alien). I request the above distribution and certify that I am (or the indicated alternate payee is) the proper party to receive payment(s) from this Annuity Contract / Custodial Account and that the information provided is true and accurate. I am aware of the tax consequences of taking this distribution. If I am taking this distribution as a hardship distribution, I certify that I meet the requirements for a hardship distribution.

Employee Name (please print): _____

Employee's Signature: _____ Date: _____

9. ITEMS TO BE COMPLETED BY THE THIRD PARTY ADMINISTRATOR

Distribution Approved

Distribution Declined Reason: _____

Third Party Administrator for the above referenced Plan, approves or declines the above requested contract exchange based on whether it satisfies the terms of the Plan and Internal Revenue Code statutory and regulatory requirements and terms of the Written Plan Document. Upon approval of distribution by Third Party Administrator the plan specific distribution form and special tax notice will be sent.

Third Party Administrator Signature: _____

Print Name: _____

Title: _____ Date: _____

**FORWARD COMPLETED REQUEST TO
THIRD PARTY ADMINISTRATOR**