

Request for Withdrawal – Third Party Administrator

Ameritas Life Insurance Corp. – Retirement Plans Division

P.O. Box 385017 / Birmingham, AL 35238-5017 / Phone: 800-277-9739 / Fax: 402-467-7952 / Email: RPContact@ameritas.com

1. Participant Information

Participant Name: _____ Social Security Number: _____

Participany Address: _____

Plan Number: _____ Email Address: _____

Daytime Phone Number: _____ Date of Birth: _____

Date of Hire: _____ Date of Termination: _____

U.S. Citizen: Yes No, Country of Citizenship: _____

U.S. Resident: Yes No, Country of Residence: _____

2. Benefit Payment Type *(Required)*

Percent Vested *(Required)*: _____%

Termination of Employment, Retirement, Disability.

Date of payroll deduction report on which participant will last appear: _____

Date of Death: _____ Please attach a copy of the certified death certificate along with a copy of the beneficiary form that contains the beneficiary SSN, Date of Birth and address.

Hardship Withdrawal. Amount: \$ _____ Money Source(s): _____

Age 70½ Minimum Distribution. Amount: \$ _____ Money Source(s): _____

Other. Amount: \$ _____ Reason: _____

3. Benefit Payment Type *(Required)*

Cash Payment. *(20% mandatory federal tax withholding.)*

Rollover to Individual Retirement Account (IRA) or Rollover to Qualified Retirement Plan, sponsored by your current employer.

Financial Institution: _____

Plan Name *(if applicable)*: _____

Financial Institution Address: _____

City: _____ State _____ ZIP _____

Account Number: _____ Financial Institution Telephone Number: _____

4. Tax Withholding

Federal Tax Withholding *(Election required unless the distribution is to be made payable to the plan.)*

IRS Regulations require withholding of 20% on Eligible Rollover Distributions that are not paid as a direct rollover to an IRA or Qualified Plan. Non-periodic payments that are not Eligible Rollover Distributions are subject to 10% withholding unless the payee elects either another amount or no withholding.

Choose one:

Withhold the required percentage per IRS regulations

Additional withholding: \$ _____ or _____%

Do NOT withhold

State Tax Withholding *(Complete if applicable; this section does not pertain to distributions made payable to the Plan.)*

Choose one:

Withhold only the amount mandated by the state.

Additional withholding: \$ _____ or _____%

Do NOT withhold

5. Delivery Instructions

Cash Proceeds Delivery Options	Cost to You	Information Required
Check – U.S. Mail	\$0.00	• Valid Address
Check – Federal Express overnight	\$25.00	• Street Address – No P.O. Box Allowed • Day Time Phone Number
ACH	\$0.00	• Complete Authorization Agreement – Automatic Deposits Form
Wire	\$15.00	• Complete Authorization Agreement – Automatic Deposits Form

Choose one:

- Mail to Participant
 Mail to Financial Institution Receiving the Rollover
 ACH/EFT Funds
 Wire Funds
 Priority Delivery – Federal Express (*No Post Office Boxes*)

6. Third Party Administrator (TPA) Fee

Does any TPA withdrawal Fee apply? Yes \$ _____ No

7. 1099-R Tax Reporting (*Required*)

1099-R Distribution Code: _____ 1099-R Loan Balance: \$ _____ 1099-R Loan Code: _____

Non-taxable Amount (Roth, After Tax): \$ _____

1099-R Tax reporting will be handled by a third party. Ameritas should not prepare the 1099-R form for this distribution.

8. Authorizations and Signatures (*All Signatures Required*)

These signatures are authorization to issue a check and the appropriate tax reporting based upon the information provided in the above sections.

X _____ Date _____
Signature of Participant

X _____ Date _____
Signature of Trustee/Plan Administrator

X _____ Date _____
Signature of Third Party Administrator