

Election of Benefits Withdrawal Form

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: _____

Participant 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. Type of Withdrawal

Termination Retirement In-service Disability Hardship

3. Plan Information *(Plan Sponsor to Complete)*

Plan Name: _____ Plan Number: _____

Date of Last Contribution: _____ *(Please complete only if Participant's last contribution has not been remitted.)*

Vested Percentage: _____% *(Please complete only if Participant's is not 100% vested.)*

4. Type of Benefit Election

Direct Rollover

By choosing this type of benefit election, I understand that I am irrevocably designating the specified portion of my vested account as a direct rollover contribution to the account or plan identified below. Due to the important tax consequences related to a direct rollover, I have been advised to confer with my attorney or tax advisor. I understand that once this rollover has been made, it is irrevocable. I certify that any account or plan identified as the recipient of a direct rollover is qualified as an eligible plan to receive the direct rollover distribution as described in the "Special Tax Notice".

Into an Individual Retirement Account (IRA) *Your IRA should be established before transfer of funds to your financial institution.*

Traditional IRA \$ _____ or _____%

Financial Institution: _____

Financial Institution Address: _____

City: _____ State _____ ZIP _____

Account Number: _____ Financial Institution Telephone Number: _____

Roth IRA \$ _____ or _____%

Financial Institution: _____

Financial Institution Address: _____

City: _____ State _____ ZIP _____

Account Number: _____ Financial Institution Telephone Number: _____

Qualified Retirement Plan sponsored by your current employer \$ _____ or _____%

Plan Name: _____ Plan Administrator: _____

Financial Institution: _____

Financial Institution Address: _____

City: _____ State _____ ZIP _____

Account Number: _____ Financial Institution Telephone Number: _____

Cash Payment \$ _____ or _____%

Deferred Payment \$ _____ or _____%

No distribution made at this time.

Installment Payments

Receive a payment in the amount of \$ _____ Monthly Quarterly Semi-annually Annually

Date of 1st payment _____ (Payments will be processed on the 2nd working day of the month.)

If selecting the installment option, please complete the Authorization Agreement Form.

5. 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 (Mandatory taxes will apply, refer to the Special Tax Notice for further information.)

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 (Mandatory taxes will apply, refer to the Special Tax Notice for further information.)

6. 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)
- 1099-R Tax reporting will be handled by a third party. Ameritas should not prepare the 1099-R form for this distribution.

7. Authorizations and Signatures (All Signatures Required)

I have thoroughly read the “Special Tax Notice” and understand the tax consequences of my election, and hereby consent to the payment option elected on this form.

I hereby waive the 30-day minimum period described in the “Special Tax Notice.” I elect to receive my distribution in accordance with the option I have selected under the Type of Benefit Election section on the Election of Benefits Withdrawal Form.

X _____
Signature of Participant

_____ Date

X _____
Signature of Plan Administrator

_____ Date

Please sign and send this form to the Plan Administrator of this plan.

The Plan Administrator will sign the form on the designated line above and forward the completed form to Ameritas

The plan administrator’s signature is required to avoid a delay in processing.

**Please note this form must be completed in its entirety and be in good order (able to be processed based solely on the information herein) in order to be processed timely.

Joint and Survivor Form

Ameritas Life Insurance Corp. – Retirement Plans Division

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1. Participant Information

Participant Name: _____ Social Security Number: _____

2. Plan Information

Plan Name: _____ Plan Number: _____

3. Authorizations and Signatures – All Signatures Required

Waiver of Qualified Joint & Survivor Annuity

I hereby acknowledge that I have been informed by the Plan Administrator that my benefits under the Plan may automatically be paid to me in the form of a Qualified Joint and Survivor Annuity; that I have the right to waive that form of payment and/or designate a beneficiary other than my spouse provided that my spouse consents to the waiver; that I understand the terms of a Qualified Joint and Survivor Annuity and the financial effect of a waiver; and that I may revoke the waiver in effect.

Benefit Payment Waiver and Authorization of Signatures

I hereby elect to waive the Joint and Survivor or Life (if single) Annuity form of payment and consent to the benefit payment election as indicated on the Election of Benefits Withdrawal Form.

X _____
Signature of Participant Date

Spouse's Consent to Waiver

I hereby consent to the above election and/or designation of a non-spouse designation. Further, I hereby acknowledge (1) that the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death; (2) that my spouse's waiver is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the waiver.

X _____
Signature of Spouse (required for all distributions) Date

Witness of Spousal Consent

I hereby acknowledge that all information and signatures have been completed as requested.

Notary Public Date

Sign on the Participant's Signature line above, and if you are married, have your spouse sign and a notary witness the signature.

Please forward this completed form to the Plan Administrator at your employer.

Authorization Agreement – Automatic Deposits (ACH/EFT or Wire)

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I hereby authorize Ameritas Life Insurance Corp. to initiate appropriate credit entries to my bank account indicated below, hereinafter called Bank.

1. Participant Information

Participant Name: _____ Social Security Number: _____

Plan Number: _____ Plan Name: _____

2. Type of Account Change

New Account Set-up Change in Account Terminate Direct Deposit

Choose one: Checking Account Savings Account

3. Bank Information

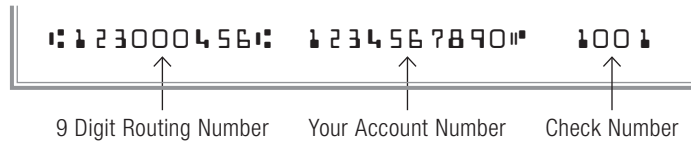
ACH/EFT Wire

Bank Name: _____

Branch: _____

City: _____ State _____ ZIP _____

Bank Routing Number: _____ Account Number: _____



This agreement is to remain in full force and effect until Ameritas Life Insurance Corp. has received written notification from me of its termination in such time and manner as to afford Ameritas and the Bank a reasonable opportunity to act on it. I understand this authorization is for benefit payments from my Retirement Plan account.

X _____
Signature of Account Holder

_____ Date

_____ Print or Type Name

*Please contact your Financial Institution to verify the Wire Routing/ABA number. A \$15.00 fee will be assessed for all wire transfers.

**Please attach a voided check for checking accounts, or
a savings deposit slip for savings accounts.**