Separation from Service Distribution Request

Use this form to request: A distribution due to retirement, disability, or termination from employment from all qualified retirement plans.

Products and financial services provided by
American United Life Insurance Company®
a OneAmerica® *company*
One American Square, P.O. Box 6011
Indianapolis, IN 46206-6011
1-800-249-6269

OneAmerica®

Please print in UPPER CASE letters in Black or Dark Blue ink!

First Name M.I. Last Name

Mailing Address (Please contact AUL at 1-800-249-6269 if you have a foreign address.)

City State Zip Code

Social Security Number Daytime Telephone Number

Plan Number Plan Name / Employer

Email Address

Section I – Distribution Amount

A. Full Withdrawal

☐ Check this box to request your entire vested account balance less any applicable tax withholding and/or fees. Certain money types may be restricted based on the provisions of your plan.

B. Partial Withdrawal

☐ Check this box for a specific cash disbursement. Specify the amount in space provided. Please provide the ***gross amount*** (before tax withholding and any applicable fees). The amount requested will be distributed and withdrawn proportionately from all investments and requested sources. If a dollar amount and percent are provided, the percent will be distributed. If the requested partial withdrawal amount will leave a balance in your account less than $1,000.00, 100% of your vested account balance less any applicable tax withholding and/or fees will be distributed unless your plan provisions restrict certain money types from being distributed.

% or $

Section II – Tax Withholding

Federal Tax Withholding – The Internal Revenue Service requires income tax withholding of 20% on all benefit distributions that are not directly rolled over to another qualified retirement plan or traditional IRA. If you would like an additional amount withheld, please indicate that additional amount below:

Please withhold: $ **in addition to the mandatory 20%.**

State Tax Withholding – If you live in a state that requires State tax withholding if Federal tax is withheld, then we will automatically withhold the mandatory amount for State taxes.

If State tax withholding is not required, do you want State tax withheld from your payment? ☐ No ☐ Yes Please withhold: %

R-19125-1 3/28/08

Section III – Payment Information – Please select one type of distribution below:

☐ **Lump Sum Distribution** – By selecting this option you are requesting a taxable distribution.

☐ **Transfer / Rollover** – Please check this box if you are requesting the amount specified in Section I to be moved to an account with another AUL contract or another financial institution.

☐ **Transfer / Rollover of** $□,□□□,□□□.□□ **, with the remainder paid to me** –

Please check this box if you are requesting a portion of your vested account balance to be moved to an account with another AUL contract or another financial institution, with the remainder of the specified amount provided in Section I paid to you.

☐ **Payment of** $□,□□□,□□□.□□ **to me, with the remainder paid as a Transfer / Rollover** –

Please check this box if you are requesting a portion of your vested account balance paid to you with the remainder moved to an account with another AUL contract or another financial institution. Please provide gross amount above.

If applicable, please select the type of Transfer/Rollover:

☐ **Internal Transfer / Rollover** – Please check this box if you are requesting your account to be moved to another AUL contract.

AUL Account Number: □□□□□□□□□□□

☐ **External Transfer / Rollover** – Please check this box if you are requesting your account to be moved to an account with another financial institution.

Important! If you selected **External Rollover** above, please complete the rest of Section III below:

Name of Institution

□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□

Mailing Address

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City □□□□□□□□□□□□□□□□ State □□ Zip Code □□□□□-□□□□

Account Number

□□□□□□□□□□□□□□□□□□□□□□

Required Minimum Distributions (RMD) are not eligible to be rolled over. If AUL has processed an RMD for you in the past, then your RMD will be distributed to you prior to a rollover distribution. The RMD will have 10% Federal tax withholding and any applicable mandatory State tax withholding.

Account Type: ☐ Another Qualified Plan ☐ Traditional IRA ☐ Roth IRA

Section IV – Participant Acknowledgement and Signature

I certify that I received the Special Tax Notice and the information provided on pages 1 and 2 is complete and accurate to the best of my knowledge. If applicable, I certify that the qualified retirement plan or IRA named to receive my payment(s) is an eligible plan for purposes of receiving direct rollovers. I understand that a change in my employee status may impact disability benefits under the terms of my plan.

☐ For 1099 reporting purposes, I certify that I am/was a Military Reservist called to active duty for at least 180 days between September 11, 2001 and December 31, 2007, or a member of a public safety organization separated from service on or after age 50.

_____ Date: □□/□□/□□□□

Participant Signature M M D D Y Y Y Y

Section V – Employer Information and Approval

A. Benefit Type (Please check one.)

☐ Termination Benefit ☐ Normal Retirement Benefit

☐ Early Retirement Benefit ☐ Disability Benefit

Date of employment termination: ☐☐/☐☐/☐☐☐☐
M M D D Y Y Y Y

B. Additional Information

1. Plan year hours worked in the year of termination.

Hours worked (If not previously reported)*: ☐☐☐☐ hours

If no hours are reported above or previously, a full year of service will be assumed. If hours are provided and do not match what you may have previously submitted for this participant, an adjustment will be made as of the participant's date of termination. For plans with employment year service or vesting computation periods, this adjustment could impact calculations.

2. The participant's vested percentage is*: ☐☐☐%

If left blank, for plans that we provide administrative services, your signature authorizes using the vesting calculated by the recordkeeping system. If vesting has previously been applied to this participant's account, the vesting percentage provided in this section will NOT be used.

3. If requesting a partial distribution, select the sources from which you would like the money distributed. Check all that apply. The requested amount will be withdrawn pro rata from all requested sources. If a requested source is restricted by your plan, the remaining sources will be used. If no sources are indicated, then all available sources will be used.

☐ All ☐ Employee Deferrals ☐ Employer

☐ Rollover ☐ Employer Match ☐ Other _____

4. Does the participant want to wait 30 days before the benefit is paid out?
If no option is selected, the benefit will be paid immediately.

☐ No ☐ Yes

5. If the participant has an outstanding loan and the date of default is different than the date of termination, please enter the date of default. ☐☐/☐☐/☐☐☐☐
M M D D Y Y Y Y

I certify that the information provided above is complete and accurate to the best of my knowledge and the request complies with the provisions of the plan. **The Special Tax Notice was provided to the participant. The Spousal Consent, if applicable, has been properly completed and remains in the Employer Designated Representative's records.** American United Life Insurance Company® is hereby directed to make benefit payment as elected above.

☐ Please send check to Employer Designated Representative. Otherwise, check will be mailed directly to the participant for payments or financial institution for rollovers.

_____ Date: ☐☐/☐☐/☐☐☐☐
Employer Designated Representative Signature M M D D Y Y Y Y

First Name M.I. Last Name
☐☐☐☐☐☐☐☐☐☐ ☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Print Employer Designated Representative Name – Required to ensure timely processing of benefit.