

# Distribution Request

Products and financial services provided by American United Life Insurance Company® (AUL) a OneAmerica® company  
Administrative and recordkeeping services provided by McCready and Keene, Inc. or OneAmerica Retirement Services LLC, companies of OneAmerica  
1-800-249-6269, Fax 317-285-1728



Use this form to request a distribution from a retirement plan or Individual Retirement Annuity (IRA). Do not use this form to request Required Minimum Distributions (RMDs). OneAmerica® wherever referenced in this form means the companies of OneAmerica®, which includes American United Life Insurance Company®, McCready and Keene, Inc. and OneAmerica Retirement Services LLC.

## 1. Plan Information

Please print using blue or black ink.	_____	_____
	Plan Number	Plan Name

## 2. Participant Information

Complete this section with your information.	For foreign addresses, visit <a href="http://www.irs.gov">www.irs.gov</a> to determine if an additional tax form is required to receive your distribution.		
	_____	_____	_____
	First Name	M.I.	Last Name
	_____	_____	_____
	Social Security (or Taxpayer ID) Number	Date of Birth	
	_____	_____	
	Street Address	_____	
_____	_____		
Street Address	_____		
_____	_____		
City	State	Zip Code	
_____	_____	_____	
Telephone Number (including area code)	Email Address		
_____	_____		

## 3. Type of Distribution

Please select only one distribution type.	<b>Is this an IRA?</b> If yes, select below: <input type="checkbox"/> IRA Distribution
	<b>Is this another type of retirement plan and you are terminated?</b> If yes, select one of the options below: <input type="checkbox"/> Termination <input type="checkbox"/> Retirement <input type="checkbox"/> Disability
	<b>Is this another type of retirement plan and you are not terminated?</b> If yes, select one of the options below: <input type="checkbox"/> Hardship or Unforeseeable Emergency Withdrawal (if plan allows; complete same option in Section 4) <input type="checkbox"/> In-service age (if plan allows) <input type="checkbox"/> Other in-service (if plan allows)
	Describe: _____ (example: Rollover funds)
	_____

## 4. Distribution Information

Please select and complete only one distribution method for your request.

If Hardship Withdrawal is selected, please select the reason(s) for the hardship.

You must also provide supporting documentation for the hardship withdrawal.

Please submit the supporting documentation along with the completed form to OneAmerica® or your TPA/Employer.

**Full Withdrawal**

Check this box to request distribution of your entire vested account balances, less any applicable tax withholding and/or fees. Certain money types may be restricted based on the provisions of the Plan or the liquidity of the assets.

**Partial Payment Withdrawal (if plan allows)**

Check this box for a specific cash distribution, if applicable in your plan.

Indicate the amount to distribute for the withdrawal \$ \_\_\_\_\_

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 eligible sources unless provided otherwise in the Employer Information and Authorization section.

**Note:** If this is a termination of employment, retirement, or disability request and the partial withdrawal amount will leave a balance less than \$1,000 in the account, 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. If this is an in-service request and the account balance is less than the requested amount, the maximum available amount will be distributed.

**Hardship Withdrawal (Not available for a 457(b) plan or IRA)**

Check this box to request a hardship distribution. By checking this box and signing this request, I certify that I have insufficient cash or other liquid assets to satisfy the financial need justifying this hardship distribution, including other available distributions from this plan or other plans maintained by my employer. I understand that this certification will be relied on in determining whether a hardship distribution may be issued, and I further certify that I have provided no other information to my employer that would indicate that I have other sources of cash or liquid assets to satisfy this financial need.

- Costs related to the purchase of a principal residence (excluding mortgage payments)
- Payments to prevent eviction from or foreclosure on your principal residence
- Payment of post high-school education
- Payment for burial and/or funeral expenses
- Medical and dental expenses
- Expenses for repair of casualty damage to a principal residence
- Expenses for qualified federally declared disaster

Indicate the amount to distribute for hardship \$ \_\_\_\_\_

- Check this box if you want the specific amount indicated above to be increased to pay the required federal and state tax withholding.

**Note:** This request is dependent upon your available account balance being sufficient to satisfy the request at the time of distribution. In order to take a hardship distribution your employer must confirm hardship availability under the Plan, you must have a qualifying expense, and the distribution cannot be in excess of the amount of your immediate and heavy financial need which may include amounts necessary to pay taxes and penalties on the distribution. See your Summary Plan Description (SPD) or plan representative for additional information. Documentation of your qualifying expense may be requested as evidence for the Plan's records.

#### 4. Distribution Information (continued)

If Unforeseeable Emergency Withdrawal is selected, please select the reason(s) for the unforeseeable emergency.

You must also provide supporting documentation for the unforeseeable emergency withdrawal.

Please submit the supporting documentation along with the completed form to OneAmerica® or your TPA/Employer.

**Unforeseeable Emergency Withdrawal (457(b) plan only)**

Check this box to request an unforeseeable emergency withdrawal. By checking this box and signing this request, I certify that I have insufficient cash or other liquid assets to satisfy the financial need justifying this withdrawal, including other available distributions and nontaxable loans from this plan or other plans maintained by my employer, other than unforeseeable emergency withdrawals or hardship distributions. In addition, I certify that the emergency is not or may not be relieved through reimbursement or compensation from insurance or otherwise; by liquidation of assets without causing financial hardship; or by cessation of salary deferrals under a non-governmental 457(b) plan. I understand that this certification will be relied on in determining whether an unforeseeable emergency withdrawal may be issued, and I further certify that I have provided no other information to my employer that would indicate that I have other sources of cash or liquid assets to satisfy this emergency need.

Payments to prevent eviction from or foreclosure on your principal residence

Payment for burial and/or funeral expenses

Medical and dental expenses

Expenses for repair of casualty damage to a principal residence

Expenses for qualified federally declared disaster

Indicate the amount to distribute for unforeseeable emergency \$ \_\_\_\_\_

Check this box if you want the specific amount indicated above to be increased to pay the required federal and state tax withholding.

**Note:** This request is dependent upon your available account balance being sufficient to satisfy the request at the time of distribution. In order to take an unforeseeable emergency withdrawal, your employer must confirm unforeseeable emergency withdrawal availability under the Plan, you must have a qualifying expense, and the distribution cannot be in excess of the amount to satisfy the emergency need which may include amounts necessary to pay taxes and penalties on the distribution. Documentation of your qualifying expense may be requested as evidence for the Plan's records.

## 5. Financial Institution / Bank Information

**Step 1:** Select the Payment Information option for your request.

**Step 2:** If Lump Sum/Cash Distribution is selected in Step 1, select Checking or Savings and complete the requested information.

You may obtain your Bank Routing (ABA) Number from a check or from a savings deposit slip.

**Step 3:** If Rollover is selected in Step 1, select and complete one Rollover Option.

**Step 4:** Select only one Rollover Account Type option if rolling over funds. If Internal Rollover is selected, skip step 5.

### Step 1: Payment Information

- Lump Sum/Cash Distribution (By selecting this option, you are requesting a taxable distribution. Continue to Step 2.)
- Rollover (Also select this option if requesting a partial rollover with a portion paid to you as a taxable distribution. Continue to Step 3.)

If the account is due for a Required Minimum Distribution (RMD), then the RMD may be distributed to you prior to a rollover distribution. The RMD will have 10% federal tax withholding and any applicable mandatory state withholding.

### Step 2: Lump Sum/Cash Distribution Bank Information

If this section is not complete or your employer requests to have a check mailed directly to them, a check will be mailed instead of an ACH electronic funds transfer. For a Lump Sum/Cash Distribution this is your bank information.

- Checking Account
- Savings Account

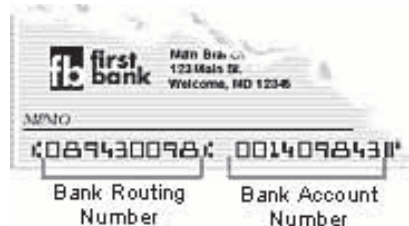
Financial Institution / Bank Name

City

State / Zip Code

Bank Routing (ABA) Number

Bank Account Number



**Must be 9 digits and cannot begin with 4, 5, 8, or 9**

**Account number cannot exceed 17 digits**

### Step 3: Rollover Option

- Full Amount Rollover
- Partial Rollover of \$\_\_\_\_\_ with remainder distributed to me.  
(If selecting this option, also complete Step 2 above to provide your bank information for the cash portion of the distribution to be paid to you; funds will be paid pro-rata from all money types.)
- Distribution of \$\_\_\_\_\_ to me with remainder rolled to a financial institution. (If selecting this option, also complete Step 2 above to provide your bank information for the cash portion of the distribution to be paid to you; funds will be paid pro-rata from all money types.)

### Step 4: Rollover Account Type

**Note:** Funds from non-governmental 457(b) tax exempt plans are not eligible for internal or external rollover. If rolling over pre-tax money or earnings on non-Roth after-tax money to a Roth account, the distribution is taxable and cannot later be reversed.

- Internal Rollover to American United Life Insurance Company® (AUL)  
Account Number \_\_\_\_\_ (If establishing a new IRA with AUL, the minimum rollover amount is \$5,000 to establish an IRA with AUL; if unsure of AUL account number, call 1-800-348-6229 or email [nextsteps@oneamerica.com](mailto:nextsteps@oneamerica.com))
- External Rollover (to another financial institution)

## 5. Financial Institution / Bank Information (continued)

**Step 5:** If External Rollover is selected in Step 4, complete the Pre-Tax Source (which may include Deferrals and Employer Contributions) and After-Tax/Roth Source sections as applicable.

If rolling over a Non-Roth After-Tax Source, also complete the Non-Roth After-Tax Source Earnings section.

### Step 5: External Account Type

#### Pre-Tax Source

**Note:** If rolling over pre-tax money to a Roth account, the distribution is taxable and cannot later be reversed.

- Traditional IRA Account Number \_\_\_\_\_  
 Roth IRA Account Number \_\_\_\_\_  
 Another Qualified Plan Account Number \_\_\_\_\_

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number (including area code) Extension

#### After-Tax/Roth Source

**Note:** If rolling over non-Roth after-tax money to a Roth account, the distribution of the earnings is taxable and cannot later be reversed. To roll over the earnings on non-Roth after-tax money to a separate account from the basis, also complete the Non-Roth After-Tax Source Earnings section below.

- Traditional IRA Account Number \_\_\_\_\_  
 Roth IRA Account Number \_\_\_\_\_  
 Another Qualified Plan Account Number \_\_\_\_\_

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number (including area code) Extension

#### Non-Roth After-Tax Source Earnings

**Note:** Complete below to roll over the taxable earnings portion of non-Roth after-tax money to a non-Roth account. If left blank, earnings on non-Roth after-tax money will be rolled over to the account specified in the After-Tax/Roth Source section above and cannot later be reversed.

- Traditional IRA Account Number \_\_\_\_\_  
 Another Qualified Plan Account Number \_\_\_\_\_

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number (including area code) Extension

## 6. Tax Withholding

This section applies to Lump Sum/Cash Distributions and to the portion paid in cash of any partial Rollover.

If left blank, the mandatory amount will be withheld.

### Federal Tax Withholding

The Internal Revenue Service requires income tax withholding of 20% on all benefit distributions that are eligible to be rolled over but are not directly rolled over to another qualified retirement plan or traditional IRA, and 25% withholding for benefit distributions from non-governmental 457(b) plans. If you would like an additional amount withheld, please indicate the additional amount below.

**Please withhold \_\_\_\_\_% in addition to the mandatory 20%. (25% for non-governmental 457(b) plan)**

For IRA and Hardship/Unforeseeable Emergency distributions, 10% federal tax withholding will be applied unless you elect otherwise.

- Please withhold \_\_\_\_\_%
- Please do NOT withhold federal tax for IRA and Hardship/Unforeseeable Emergency distributions.

### 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:**

- Please withhold \_\_\_\_\_%
- Please do NOT withhold state tax.

## 7. Participant Signature

Participant signature is required.

I certify that the information provided is complete and accurate to the best of my knowledge and that I received a copy of the **"Special Tax Notice Regarding Payments"** unless this is a distribution from an IRA. I further certify that I am entitled to the distribution requested for the reason(s) indicated in the above sections and, if applicable, that the qualified retirement plan or IRA named to receive my distribution(s) is an eligible plan for purposes of receiving direct rollovers.

I authorize OneAmerica® to deposit all payments due me into the accounts identified in the sections above. I discharge OneAmerica® from any further liability for any payments deposited to my account under this authorization. I also authorize OneAmerica® to initiate corrections, if necessary, to any amounts credited to my account in error. Any such payments shall be returned to OneAmerica® by the financial institution or bank if funds are available in my account or shall be returned to OneAmerica® by me, my estate or my heirs if the funds in my account are not sufficient to make the required correction. I understand that OneAmerica® may terminate its electronic fund transfer at any time and for any reason and may make payments by check instead. I further understand that liquidation of assets and distribution may not occur on the date this form is received, and, if any unusual or suspicious activity is suspected, liquidation and distribution may be delayed.

**Important note to the participant:** You have a right to consider the decision of whether or not to elect a direct rollover for at least 30 days after receipt of the **"Special Tax Notice Regarding Payments."** The benefit you are requesting herein will be paid immediately unless you check the box below.

- Wait 30 days before paying the requested benefit distribution

Select if applicable:

- U.S. military reservist: I certify that I am a U.S. military reservist who was ordered or called to active duty for more than 179 days or for an indefinite period and this distribution is being made no later than the close of my active duty period.
- Governmental plan: I certify that I was a member of a public safety organization and separated from service on or after age 50.

Participant Printed Name

Participant Signature

Date

## 8. Employer Information and Authorization

This section is not required for non-employer sponsored plans (IRA, Custodial TDAs, Orphan TDAs).

If your plan requires an employer signature, please provide all pages of this form to your employer, including supporting documentation, if applicable.

Vesting must be provided for all recordkeeping only plans and plans using a TPA, excluding OneAlliance Plus plans.

**The following information must be provided by the employer prior to submitting this form.**

Date of Termination/Retirement/Disability (if applicable) \_\_\_\_\_ (mm/dd/yyyy).

### Additional Information

The distribution will be processed based on the hours and vesting calculated in the recordkeeping system or as directed by the TPA/sponsor. If you need to change the vesting percentage, please update in the vesting percentage column below. If the participant is requesting a partial distribution, select the money types. If the participant is requesting a full distribution, all money types will be used.

Money Type	Select money type for the requested withdrawal.	Vesting Percentage
Employee Deferrals (Pretax)	<input type="checkbox"/>	100%
Employer	<input type="checkbox"/>	
Employer Match	<input type="checkbox"/>	
Profit Sharing	<input type="checkbox"/>	
Rollover (Pretax)	<input type="checkbox"/>	100%
Roth Deferrals/After Tax	<input type="checkbox"/>	100%
Roth Rollover/After Tax	<input type="checkbox"/>	100%
Safe Harbor Non-Elective/Match	<input type="checkbox"/>	100%
QNEC/QMAC	<input type="checkbox"/>	100%
Other: _____	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	

**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 \_\_\_\_\_ (mm/dd/yyyy).**

I certify that the information provided is complete and accurate and the request complies with the provisions of the Plan.

I further certify that the "**Special Tax Notice Regarding Payments**" was provided to the participant and that the separate "**Spousal Consent**" form, if applicable, has been properly executed and remains in the Employer Designated Representative's records.

If this is a hardship or an unforeseeable emergency distribution, I certify I have obtained and reviewed documentation substantiating the qualifying expenses and, if necessary, have adjusted the hardship or unforeseeable distribution amount requested in Section 4, and further certify I have no actual knowledge contrary to the participant certifications.

OneAmerica® is hereby directed to initiate benefit payment as elected above.

Please send check to Employer's Designated Representative. Otherwise, payment will be sent directly to the participant and/or rollovers will be sent directly to the financial institution, as provided in Section 5.

\_\_\_\_\_  
Employer's Designated Representative Printed Name

\_\_\_\_\_  
Employer's Designated Representative Signature

\_\_\_\_\_  
Date