

# Election of Benefits Withdrawal Form – Required Minimum Distribution



Ameritas Life Insurance Corp., Ameritas Life Insurance Corp. of New York

## 1. Plan Information

Plan Name: \_\_\_\_\_ Plan Number: \_\_\_\_\_

## 2. Participant Information

Participant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Participant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ ☐ Use Address on Record

Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

U.S. Citizen: ☐ Yes ☐ No, Country of Citizenship: \_\_\_\_\_

U.S. Resident: ☐ Yes ☐ No, Country of Residence: \_\_\_\_\_

### Spousal Beneficiary Information (Married participants only)

☐ My spouse is my primary beneficiary, and he/she is more than 10 years younger than me. (If checked, please complete below)

Spouse's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Required if applicable)

## 3. Required Minimum Distribution (RMD)

Any distribution previously processed in the current year will reduce the RMD amount processed. If no previous distribution was taken, we will process the current RMD amount. RMD amount is based on calculation provided by Ameritas or TPA (if applicable). If an amount in addition to the RMD is needed, an Election of Benefits form is required.

You must receive a Required Minimum Distribution from your retirement account in this plan starting with the year you meet the following criteria:

- ☐ You have reached age 73 and have retired,
- ☐ You have reached age 73 and you qualify as a 5% owner under IRS rules (regardless of whether you are still employed), or
- ☐ You are a beneficiary of an account that is required to take a RMD.

You are **not** required to receive a RMD from your retirement account in this plan if you are still employed and do not own 5% or more of the employer sponsoring this plan.

The first year you are required to take a RMD from your retirement account in this plan, you may delay payment until April 1st of the following year. **If this is the first year you are required to receive a RMD, please indicate below when you would like to receive your first distribution. If you met the requirements to begin RMDs in a previous year, please skip this section because you are required to receive your RMD by December 31.**

- ☐ By December 31st of the current year
- ☐ April 1st of the next year (this option is only available if this is the first year you are required to take a RMD). Please note that if you select this option, you will have two RMDs paid to you in the next calendar year.

## 4. Tax Withholding

**Federal Tax Withholding** – IRS Regulations require withholding of 10% on RMD amounts, unless you choose to opt out

(Choose one)

- ☐ Withhold the required percentage per IRS regulations
- ☐ Withhold the required percentage PLUS this additional amount: \$ \_\_\_\_\_ or \_\_\_\_\_ %
- ☐ Do NOT withhold

**State Tax Withholding** (Choose one)

- ☐ Withhold the required percentage PLUS this additional amount: \$ \_\_\_\_\_ or \_\_\_\_\_ %
- ☐ Do NOT withhold unless required by the state.

**Delivery Instructions**

Cash Proceeds Delivery Options	Cost to You	Information Required
<input type="checkbox"/> Check – U.S. Mail	\$0.00	• Valid Address
<input type="checkbox"/> Check – Federal Express overnight	\$25.00	• Street Address – No P.O. Box Allowed • Day Time Phone Number
<input type="checkbox"/> ACH	\$0.00	• Complete Attached ACH Authorization ( <i>see next page</i> )
<input type="checkbox"/> Wire	\$25.00	• Complete Attached ACH Authorization ( <i>see next page</i> )

If a P.O. Box is provided and Federal Express overnight is selected, then the check will be mailed via U.S. Mail. If a delivery option is not selected, then the check will be mailed via U.S. Mail.

**5. Participant Sign and Date**

I elect to receive my distribution in accordance with the option I have selected.

**X**\_\_\_\_\_  
Signature of Participant\_\_\_\_\_  
Date**6. Third Party Administrator Information** (*if applicable*)

Third Party Administrator (TPA) Fee

RMD Amount \$ \_\_\_\_\_ Year: \_\_\_\_\_

Does any TPA withdrawal fee apply? ☐ Yes \$ \_\_\_\_\_ ☐ No**X**\_\_\_\_\_  
Signature of Third Party Administrator\_\_\_\_\_  
Date**Please return this form by email, fax or mail to:**Email: [rpforms@ameritas.com](mailto:rpforms@ameritas.com)

Fax: 402-467-7952

Mail: P.O. Box 105766, Atlanta, GA 30348-5766

## Authorization Agreement (ACH/EFT or Wire)

**Complete all items listed below for your electronic fund transfer or there could be delays in processing.**

- If all the information below is not completed, then a check will be mailed to the address on the form.
- If the provided ACH or Wire payment information cannot be authenticated due to a smaller financial institution, then a check will be issued and delivered by FedEx.
- A check will be mailed by U.S. Mail and not overnighted if the address is a P.O. Box address.

**1. Type of Account Identification:** We require one of the following to process your cash out distribution request. *(Select one below)*

This form may only be used for electronic transfer requests between Ameritas and your authorized Bank account.

☐ Voided Check   ☐ Bank Letterhead with Routing & Account #   ☐ A clear picture of your State issued ID or passport

**2. Account Holder:** Name \_\_\_\_\_

**3. Type of Account:**   ☐ Checking Account   ☐ Savings Account

**4. Bank Information:**

☐ Direct Deposit – No Charge (ACH/EFT)   ☐ Wire – \$25 cost

Bank Name Information: \_\_\_\_\_ ***You must be a signer on the below account listed.***

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Routing Number:  Bank Account Number: \_\_\_\_\_

***Some Banks have different routing numbers for wire transfers, so please ensure you have the correct ABA number and account number to accept wires or your wire payment could be delayed.***

***If the routing number provided is not used by your bank for wire transfers, the distribution will be sent via ACH and there may be a delay before the funds are received by your bank.***



**5. Please attach your voided check, bank letterhead with routing and account number or photo ID below.**

This agreement is to remain in full force and effect until Ameritas Life Insurance Corp. has received 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.

I hereby authorize Ameritas Life Insurance Corp. to initiate appropriate credit entries to my bank account above.

This form must to be accompanied with your Ameritas Election of Benefits form, otherwise delays may take place in processing your request.

**6.**

\_\_\_\_\_  
Print or Type Name

**X** \_\_\_\_\_  
Signature of Account Holder

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please return this form by email, fax or mail:**

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Fax: 402-467-7952

Mail: P.O. Box 105766, Atlanta, GA 30348-5766