

# Election of Benefits Withdrawal Form – Survivor/Beneficiary

Ameritas Life Insurance Corp., Ameritas Life Insurance Corp. of New York – Retirement Plans Division

P.O. Box 105766 / Atlanta, GA 30348-5766 / Phone: 800-277-9739 / Fax: 402-467-7952 / Email: rpforms@ameritas.com

## 1. Deceased Participant Information

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

Plan Number: \_\_\_\_\_ Date of Death: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**\*\*A copy of the death certificate is required with the submission of this form.\*\***

## 2. Receiving Beneficiary Information

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

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

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

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

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ☐ Spouse ☐ Non-Spouse

Are you a U.S. Citizen: ☐ Yes ☐ No If No, please state country of citizenship: \_\_\_\_\_

Are you a U.S. Resident: ☐ Yes ☐ No If No, please state country of residence: \_\_\_\_\_

## 3. Type of Benefit Election

### ☐ Direct Rollover

By choosing this type of benefit election, I understand that I am irrevocably designating the specified portion of this 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". **If your distribution contains Roth money and you are rolling it over to a qualified plan, you must verify that your new employer will accept a Roth Rollover.**

### ☐ 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 of 100% of vested amount or Specific amount \$ \_\_\_\_\_ or \_\_\_\_\_ %

\*Amount subject to tax withholding.

4. Tax Withholding

Federal Tax Withholding

IRS Regulations require withholding of:

- 20% on Eligible Rollover Distributions that are not paid as a direct rollover to an IRA or Qualified Plan

Choose one:

- ☐ Withhold the required percentage per IRS regulations
- ☐ Withhold the required percentage PLUS this additional amount: \$ \_\_\_\_\_ or \_\_\_\_\_ %

\*Any additional withholding amount or percentage will be in addition to the required IRS regulations percentage – see message above.

State Tax Withholding

Choose one:

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

\*Any additional withholding amount or percentage will be in addition to any required state tax withholding.

5. Delivery Instructions

Cash Proceeds Delivery Options	Cost to You	Information Required
<input type="checkbox"/> Check – U.S. Mail	\$0.00	• Valid Address – P.O. Box Allowed
<input type="checkbox"/> Check – Federal Express overnight	\$25.00	• Street Address – <b>No</b> P.O. Box Allowed • Day Time Phone Number
<input type="checkbox"/> ACH – Cash Payment only. Not allowed for rollovers.	\$0.00	• Complete Attached ACH Authorization (see next page)
<input type="checkbox"/> Wire – Cash Payment only. Not allowed for rollovers.	\$25.00	• Complete Attached ACH Authorization (see next page)

\*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.

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.

6. Beneficiary Sign and Date

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.

**Acknowledgment: I understand that if I do not return this to the Administrator of this Plan, that I could experience delays in processing my elected request.**

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Beneficiary

Give the signed form the plans authorized Plan Administrator.

Notarized Identity Verification of Beneficiary – Required for withdrawals of \$250,000 or more.

State of \_\_\_\_\_ County of \_\_\_\_\_  
Subscribed and affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
by \_\_\_\_\_  
(participant) proved to me on the basis of satisfactory evidence to the be the person who appear before me.

**X** \_\_\_\_\_  
Signature of Notary Public

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

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

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

**Required:**

☐ Mark this box if there is only one beneficiary who will receive 100% of the account's vested proceeds.

☐ I have attached the decedent's death certificate.

☐ Number of beneficiaries: \_\_\_\_\_

*(Please print their legal name(s) and their percentages.)\**

Print Full Name	Percentage	Print Full Name	Percentage
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

**X** \_\_\_\_\_  
Signature of Plan Administrator Date

8. Third Party Administrator Information *(TPA to Complete, if applicable)*

**Third Party Administrator (TPA) Fee**

Does any TPA withdrawal Fee apply? ☐ Yes \$ \_\_\_\_\_ ☐ No

Vesting percentage will be 100% unless otherwise indicated: ☐ Provide Vested Percentage \_\_\_\_\_ %.

*\*If applicable, TPA is required to provide a vested percentage or the request will be delayed.*

**X** \_\_\_\_\_  
Signature of Third Party Administrator Date

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

Email: [rpforms@ameritas.com](mailto:rpforms@ameritas.com)

Fax: 402-467-7952

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

## 9. Authorization Agreement (ACH/EFT or Wire)

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

- Rollover distributions cannot be issued with an ACH or wire payment. If you provide ACH information for a rollover distribution, the rollover distribution payment will be issued by check. If you provide wire information for a rollover distribution, the rollover distribution payment will be issued by check and sent Federal Express. A wire payment or Federal Express delivery are the same \$25 cost to you.
- 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

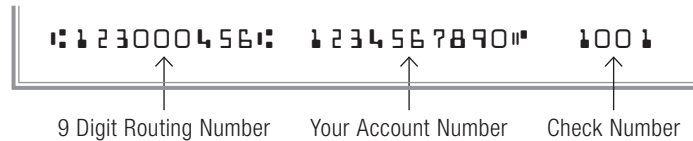
Bank Name Information: \_\_\_\_\_ ***You must be a signer on the below account listed.***

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, hereinafter called Bank.

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

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