

In-Service Distribution Request

Use this form to request: A distribution from a participant's account due to financial hardship, attainment of age 59 1/2 or 70 1/2 or another In-Service withdrawal permitted by your plan 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



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 to request a specific amount partial withdrawal. Specify the amount in space provided. Please provide the **gross amount** (before any applicable tax withholding and/or 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 The amount requested will be distributed and withdrawn proportionately from all investments and requested sources.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 a percent is provided and specific sources are indicated in Section V-D, the percent of the specified sources will be withdrawn.

_____% or \$_____,_____,_____.____

C. Available Hardship

Check this box if you are requesting a hardship distribution. Your employer can confirm hardship availability.

Section II – Tax Withholding

Federal Tax Withholding – The Internal Revenue Service requires income tax withholding of 10% for Hardship distributions unless you elect otherwise. All other benefit distributions require 20% income tax withholding unless they are directly rolled over to another qualified retirement plan or traditional IRA. If an election below is not permitted based upon the previous statements, the required amount will be withheld.

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 regardless of your election below.

Do you want Federal Tax withheld from your payment? No Yes Please withhold: _____%

Do you want State Tax withheld from your payment? No Yes Please withhold: _____%



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

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

Rollover – Please check this box if you are requesting the amount in Section I to be moved to another AUL contract or another financial institution.

If applicable, please select the type of Rollover:

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

AUL Account Number:

External 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

City

State

Zip Code

Account Number

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.

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.

Participant Signature

Date: / /
M M / D D / Y Y Y Y



