

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



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 The amount requested will be distributed and withdrawn proportionately from all investments and requested sources.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: ____%



