

Trustee Directive for Benefit Payment

A Direct Rollover to a Traditional IRA, Another Employer Retirement Plan or to Purchase an Immediate Annuity

Participant Information	Contract/Certificate number _____
	Plan name _____
<i>Our records will be updated to reflect the address given here.</i>	Participant name _____
	Address _____
	City, State _____ ZIP _____ - _____
	Social Security number _____ Daytime phone number _____
	Date of birth (mm/dd/yyyy) _____ Date of hire _____
	Alternate contact name _____ Alternate phone number _____
	Alternate address _____

Form and Type of Benefit Election	<input type="checkbox"/> I elect to directly rollover my entire account balance. <input type="checkbox"/> I elect to directly rollover \$ _____ . <input type="checkbox"/> I elect to directly rollover a portion of my account balance \$ _____ and take the remainder as a lump sum. <input type="checkbox"/> I elect to receive a lump sum payment in the amount of \$ _____ and directly rollover the remainder of my account balance.
	<i>After tax monies that you intend to rollover must be rolled directly over to the receiving plan.</i> Note: <i>You may specify the sources (classes) only or both the sources and accounts from which you would like your assets withdrawn by completing the appropriate section on page 26 and returning it with your distribution request.</i> <i>Otherwise, we will deduct from the first account with a balance completely depleting that account prior to moving to the next account, until the full amount has been withdrawn. Confirmation will be sent to the participant or trustee indicating how the withdrawal was processed and which accounts were used.</i>

Taxation	<i>Please consult your tax advisor prior to making any elections. Federal tax of 20% will be withheld on a lump sum distribution unless instructed to withhold at a higher rate. Refer to pages 6-11 of this booklet for more information. State taxes will be withheld at the appropriate rate when applicable.</i> <input type="checkbox"/> Instead of 20% withholding, withhold at _____ % (may not be lower than 20%).
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Rollover Information	Rollover to: <input type="checkbox"/> Another Employer Retirement Plan <input type="checkbox"/> A traditional IRA <input type="checkbox"/> Immediate Annuity Purchase Name of institution check should be made payable to: _____ Account number _____ Phone number _____ Address _____ City, State _____ ZIP _____ - _____ Plan name (if applicable) _____
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Payment Instructions	<input type="checkbox"/> The rollover check will be mailed directly to the rollover company at the above address. <input type="checkbox"/> Rollover portion mailed directly to rollover company; lump sum to participant at address given above. <input type="checkbox"/> Rollover portion mailed directly to rollover company; lump sum to Trustee <input type="checkbox"/> Rollover check will be mailed to the Trustee. <input type="checkbox"/> Lump sum check mailed to the participant's address as given in the Participant Information section above. <input type="checkbox"/> Lump sum check will be mailed to the Trustee.
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Reason for Distribution	<input type="checkbox"/> Plan or Contract Termination (circle one) <input type="checkbox"/> Retirement as of _____ <input type="checkbox"/> Employment termination as of _____ <input type="checkbox"/> Disability as of _____ <input type="checkbox"/> Death as of _____ (Include copy of Death Certificate for TPA) <input type="checkbox"/> *Employer plan termination as of _____ <input type="checkbox"/> *In Service withdrawal as of _____ <input type="checkbox"/> QDRO as of _____ (please complete the Alternate Payee Section on the back of this form) <input type="checkbox"/> *Employer Initiated Event other than employment termination, such as: (layoff, plant shutdown, sale, merger, consolidation, reorganization, spinoff or any other program) Please indicate reason _____ *Contract surrender charges and/or a market value adjustment may apply.
<i>To be completed by plan administrator/ trustee</i>	Complete the back of this page.

Vesting

Must complete vesting or distribution will not be processed.

Indicate the number of hours worked in year of severance of employment _____
Will outstanding loan balance roll to new institution? Yes No

Does this distribution contain after tax dollars? Yes No

After tax basis \$ _____

Is there an outstanding loan? Yes No Outstanding loan balance: \$ _____

Does this distribution contain 457(b) Governmental Plan money? Yes No
If yes, how much? _____

Indicate percentage vested by source below:

Employer (A)	Employer Discretionary (C)	Employer Matching (D)	Bundled (L) (Employer & Employee)	Employer Secondary Match (U)

To be completed by plan administrator/ third party administrator.

Alternate Payee

Complete if distribution due to QDRO.

Name _____ Date of birth _____
 Soc. Sec. no. _____ Relationship _____
 Address _____
 City, State _____ ZIP _____ - _____

Beneficiary Designation

Complete if distribution due to death.

Name _____
 Soc. Sec. no. _____ Relationship _____
 Address _____
 City, State _____ ZIP _____ - _____

*For additional Beneficiaries, please provide the information requested above on a separate sheet.

Individual Life Insurance Policies

This form will only distribute assets from the DirectorSM contract. Contact your plan administrator for information on other assets or life insurance policies in the plan.

Participant and Spouse Signatures

By signing below you certify that the information contained on this form is complete and accurate. You understand that if voluntary tax withholding is available for your distribution, and you fail to complete the Voluntary Tax Withholding Election section of this form that taxes will be withheld at 20% on the lump sum distribution. You also authorize the plan fiduciary to direct Retirement Financial Services to issue payment according to the selection made in this form.

Participant/Beneficiary signature _____ Date _____

Check here if you do not have a living spouse.

Spousal consent not required for all plans. Please check with your plan administrator.

By signing below, you, the spouse, consent to the election by your spouse to waive the qualified joint and survivor annuity form of payment and/or the election of an immediate distribution of the benefit. You further acknowledge that the qualified joint and survivor annuity has been explained to you and you understand the effect of such election and that signing here will cause you to give up important rights to which you may otherwise be entitled.

Spouse signature _____ Date _____

(Required if Vested Account Balance is greater than \$5000)

Witness signature _____ Date _____

(Notary Public or Plan Representative)

Signature/ Authorization

Form will be returned if appropriate signatures are not present.

By signing below, you, the plan administrator/trustee, certify that the participant has been provided a written explanation of the rollover rules, the special tax treatment available to lump sum distributions, the direct rollover option and the mandatory income tax withholding rules. You also direct Retirement Financial Services to process the benefit election selected on this form.

This form should be forwarded to your third party administrator for review unless other arrangements have been made.

Plan administrator/
Trustee name (Please print) _____

Plan administrator/
Trustee signature _____ Date _____

TPA Authorization code _____ Initials _____ Date _____

I authorize \$ _____ to be deducted from the proceeds and paid to the TPA of record for service fees.

Fees should be sent to the TPA: ACH (If Retirement Financial Services has previously received ACH instructions) Check