

# Distribution Election Form

Please return the signed and completed form to:

myretirement@oneamerica.com

or

OneAmerica Retirement Services, P.O. Box 13128, Milwaukee, WI 53213

Products and financial services provided by  
 American United Life Insurance Company® (AUL)  
 a OneAmerica® company  
 Administrative and recordkeeping services  
 provided by McCready and Keene, Inc. or  
 OneAmerica Retirement Services LLC,  
 companies of OneAmerica  
 1-800-858-3629



1. Plan Information			
Gulf Coast Mental Health Center Tax Deferred Annuity Plan			
Plan Name			
		950512	
Division (optional)		Account Number (optional)	
2. Participant Information			
Participant Name		Social Security Number	
Mailing Address		Date of Birth	
City	State	ZIP Code	Daytime Phone Number
Email		<input type="checkbox"/> Married <input type="checkbox"/> Single	
3. Type of Distribution			
<input type="checkbox"/> No Longer Employed	<input type="checkbox"/> Disability	<input type="checkbox"/> QDRO	
<input type="checkbox"/> Death (attach death certificate)	<input type="checkbox"/> Qualified Birth or Adoption Distributions <sup>2</sup> (if plan allows)		
<input type="checkbox"/> Hardship <sup>1</sup> (if plan allows)	<input type="checkbox"/> In-Service (if plan allows)	<input type="checkbox"/> Other	
\$ _____ <input type="checkbox"/> Net <input type="checkbox"/> Gross	\$ _____ <input type="checkbox"/> Net <input type="checkbox"/> Gross	\$ _____ <input type="checkbox"/> Net <input type="checkbox"/> Gross	
<sup>1</sup> By checking this box and signing this request, I certify that I have insufficient cash or other liquid assets to satisfy the financial need justifying this hardship distribution, including other available distributions from this plan, or other plans maintained by my employer. I understand that this certification will be relied on in determining whether a hardship distribution may be issued, and I further certify that I have provided no other information to my employer that would indicate that I have other sources of cash or liquid assets to satisfy this financial need.			
<sup>2</sup> By checking this box to request a qualified birth or adoption distribution, I certify within the past year I have had a child or legally adopted an individual (other than a spouse's child) who has not attained age 18 or is physically or mentally incapable of self-support.			
4. Beneficiary / Alternate Payee Information			
<b>Complete if payment is due to death, or a QDRO distribution. If multiple beneficiaries, each beneficiary should complete a Distribution Election Form. (IF PAYMENT DUE TO DEATH, ATTACH DEATH CERTIFICATE)</b>			
Name		Social Security Number	
Street Address		Date of Birth	
City	State	ZIP Code	Relationship to Participant
5. Election to Postpone Option			
<input type="checkbox"/> Election to Postpone Distribution (applicable only if vested balance exceeds your plan's automatic cash out limit): In accordance with the Plan, I elect to postpone distribution of my benefits until requested or legally required to be paid. (To initiate distribution at a later date, a new Distribution Election form must be completed.)			

**6. Method of Distribution – Cash Distribution Options**

- Lump Sum, no direct rollover.**  
I request my entire account balance be paid to me. Do not rollover any amount of my eligible distribution.  
**Apply to balances:**  All  Pre-Tax  Roth  Other \_\_\_\_\_
- Partial Payment to me of \$ \_\_\_\_\_  Net  Gross**  
I request a partial payment be made to me from my account balance. *(if plan document allows)*  
**Apply to balances:**  All  Pre-Tax  Roth  Other \_\_\_\_\_
- Installment Payments.**  
I request a distribution of \$ \_\_\_\_\_ be paid in a series of installment payments at the frequency and begin date noted below. I have indicated my tax withholding choices on page 4. Instead of specifying an amount, you may elect distribution over a period specified below. *(Please Note: Your plan may require that your monthly installment payment meet a minimum life expectancy, and therefore the payment amount selected may need to be changed.)*  
**Term of Installment:**  Life Expectancy  Period Indicated \_\_\_\_\_ 

Begin Date _____
Month _____ Year _____

  
**Frequency:**  Annual Benefit  Quarterly Benefit  Monthly Benefit
- Installment Payment Change.**  
Update the periodic Installment Payments: Increase to \$ \_\_\_\_\_, subject to availability per plan document.
- Distribute After-Tax contributions (i.e. non-Roth) in cash to me and rollover remainder of my account balance.** Please complete the Rollover information on this form.
- Distribute only After-Tax contributions and applicable earnings amount to the extent required by law.** Leave the remainder of my account in the plan.
- Distribute only After-Tax contributions, no earnings are required to be distributed. (Pre-87)**

**7. Method of Distribution – Rollover Distribution Options**

- Total Direct Rollover.** I request a direct rollover of my entire eligible distribution as directed by my instructions below. **Specify "other" to include Non-Roth after tax balances. (if any)**  
**Apply to balances:**  All  Pre-Tax  Roth  Other \_\_\_\_\_
- Partial Direct Rollover. Distribute \$ \_\_\_\_\_  Net  Gross**  
From my account balance to me. You are directed to rollover the remaining balance to the retirement plan or IRA indicated below. The amount I receive shall not be less than my required minimum distribution, if any. Any amounts I receive will consist of first my after-tax contributions, if any, and then any amounts not previously taxed. I understand taxes will be withheld; my election for state withholding tax is indicated on page 4.  
**Apply to balances:**  All  Pre-Tax  Roth  Other \_\_\_\_\_
- Partial Direct Rollover. Rollover \$ \_\_\_\_\_ to the Retirement Plan or IRA listed below; if allowed under provisions of the plan document, and leave remainder in the plan.**  
**Apply to balances:**  All  Pre-Tax  Roth  Other \_\_\_\_\_
- Partial Direct Rollover. You are directed to rollover \$ \_\_\_\_\_ to the retirement plan or IRA below and pay the remainder of the balance to me in cash.** Any amounts I receive will consist of first my after-tax contributions, if any, and then any amounts not previously taxed. I understand taxes will be withheld; my election for state withholding tax is indicated on page 4.
- Annuity Payments. (if available in my plan)**  
**Apply to balances:**  All  Pre-Tax  Roth  Other \_\_\_\_\_
- Other \_\_\_\_\_**

**7. Method of Distribution – Rollover Distribution Options (continued)**

**Rollover – Pre-Tax (Non-Roth)**

- IRA                       Qualified Plan  
 Roth IRA                 403(b) Plan

**Rollover – After-Tax/Roth**

- Qualified Plan     Roth IRA  
 403(b) Plan

Name of Trustee/Custodian (required)

Name of Trustee/Custodian (required)

Retirement Plan Name (if appropriate)

Retirement Plan Name (if appropriate)

Contact Person                      Phone Number

Contact Person                      Phone Number

Street Address

Street Address

City                      State                      ZIP Code

City                      State                      ZIP Code

**8. Outstanding Loan (check one if applicable)**

- Default Loan.** Distribute the loan as a taxable event. A 1099-R will be issued. (This is the default if no election is made.) You may rollover an amount equal to the outstanding loan, plus interest, plus withholding to any another eligible Retirement Plan or IRA within 60 days.
- Pay off the loan.** A money order/cashiers check is attached for the total amount of my outstanding loan balance plus interest.
- Direct Rollover of Loan.** Please rollover outstanding loan to the retirement plan identified above. I have confirmed that the plan accepts rollovers of loans. This is a tax-deferred event.

**NOTE: You cannot rollover a loan into an IRA.**

**9. Company Stock / Insurance / IDA Assets**

- Cash** – I elect to liquidate my (check all that apply)     Company Stock     IDA Account     Insurance  
**IDA Participants** – Distribution will not be processed until you liquidate your IDA asset.
- In-Kind** – I elect to receive my (check all that apply)     Company Stock     IDA Account     Insurance  
As an In-Kind Distribution (ATTACH DELIVERY INSTRUCTIONS).  
**(If In-Kind is checked, please also check one of the following 2 options)**  
 Rollover     Issue Directly to me

**In-Kind Delivery Method (Non-Roth)**

- Electronic Transfer

**In-Kind Delivery Method (Roth)**

- Electronic Transfer

Name of Financial Institution

Name of Financial Institution

Account Number (required for electronic transfer)

Account Number (required for electronic transfer)

Brokerage DTC Number (required for electronic transfer)

Brokerage DTC Number (required for electronic transfer)

Street Address

Street Address

City                      State                      ZIP Code

City                      State                      ZIP Code

Signature of Institution Accepting In-Kind Transfer

Signature of Institution Accepting In-Kind Transfer

**10. Tax Withholding**

Complete if a portion of your distribution is not eligible for direct rollover or is eligible for rollover and you want additional taxes withheld (see **Special Tax Notice Regarding Payments** for further explanation).

The taxable portion of distributions eligible for rollover, and not directly rolled over, is subject to 20% of mandatory federal income tax withholding. In addition, certain states also require Mandatory withholding of state income taxes. OneAmerica® will automatically withhold mandatory federal and state taxes from your distribution. OneAmerica will apply a ten percent (10%) federal income tax withholding rate to any other payment not eligible for rollover. If a periodic payment is selected and is scheduled to continue over my life expectancy or scheduled to continue for more than 10 years, I hereby affirmatively elect federal tax withholding of 10% unless I've otherwise elected below. Select an option below to elect a withholding that is different than outlined above (no election below a mandatory withholding amount will be applied).

**Federal:**

- Do not withhold Federal Income Taxes
- Do withhold Federal Income Taxes in the amount of \_\_\_\_\_ % or \$ \_\_\_\_\_

**State:**

- Do not withhold State Income Taxes
- Do withhold State Income Taxes in the amount of \_\_\_\_\_ % or \$ \_\_\_\_\_

**11. Payee Authorization (Distribution must occur within 180 days from date below or you must complete a new form)**

Within 180 days preceding the signing of this form I received the **Special Tax Notice Regarding Payments**. I acknowledge I have had an opportunity to consult with a tax advisor concerning this distribution. I understand I have the right to consider the information provided in the Notice for a period of at least 30 days. To the extent distribution of my benefit can be made less than 30 days after I receive the Notice, I waive my right to consider the contents of that Notice and consent to the distribution of my benefits as soon as administratively possible. The information provided herein is true and correct and may be relied upon by the trustee, OneAmerica, and the Plan Administrator in distributing the assets from my account. OneAmerica® wherever referenced in this form means the companies of OneAmerica®, which includes American United Life Insurance Company®, McCready and Keene, Inc. and OneAmerica Retirement Services LLC.

Payee Printed Name \_\_\_\_\_

Signature of Payee \_\_\_\_\_

Date \_\_\_\_\_

**12. Plan Administrator Information and Authorization**

Termination Date \_\_\_\_\_

Last Payroll Date \_\_\_\_\_

Hire/Rehire Date \_\_\_\_\_

Participation Date \_\_\_\_\_

Service Hours – Termination Year:  Under 500  500-999  1000+

Vesting % \_\_\_\_\_

I certify the information is correct and direct OneAmerica to comply with the instructions and authorize distribution. If this is a QDRO distribution, I certify the attached court order is a QDRO and the Plan agrees to comply with the terms of the order. If this is a hardship distribution, I certify I have obtained documentation substantiating an immediate and heavy financial need and have no actual knowledge contrary to the participant certifications. If this is a qualified birth or adoption distribution, I certify I have obtained documentation substantiating the distribution and have no knowledge contrary to the participant certifications.

Employer Signature on File - Skip Section \_\_\_\_\_

Printed Name \_\_\_\_\_

Authorized Signature of Plan Administrator \_\_\_\_\_

Date \_\_\_\_\_