

Instructions

To request a distribution, complete all applicable sections of this form, obtain any required signatures, and return the form to Bencor at 4333 Edgewood Road NE, Mail Drop 0001, Cedar Rapids, IA 52499. Do not use this form to request a direct rollover to an IRA or an eligible retirement plan; instead complete a Direct Rollover Request (Form No. 2214-CORP). For further information, please contact us at 888-258-3422.

Section A. Employer Information

Employer Name

Contract/Account No. Affiliate No.

Section B. Personal Information

Social Security No. Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Last Name

Mailing Address

City State Zip Code

Phone No. Ext.

Email Address

Section C. Distribution Information

Reason for distribution: Termination of Employment Retirement QDRO Award

Paid as Full Cash Distribution-100%

Section D. Payment Options

Direct Deposit to my bank account. *Note: This option will result in the fastest delivery of funds. It is an electronic transfer of funds directly into your bank account, generally within two business days of the withdrawal from your account, at no cost to you. A completed Payment Options form (attached) is required.*

Check. *Note: Please note that if you request a check as the method of payment and you do not receive it, our policy is to wait 10 business days from the check issue date before placing a stop payment at the bank. Also be aware of any rules and/or restrictions your bank may have on placing holds on deposits.*

Note: If the direct deposit option is marked and a properly completed Payment Options form does not accompany this form, your distribution will be processed in the form of a check.

Section E. Tax Withholding Election

Mandatory Federal Income Tax Withholding - If this distribution is an eligible rollover distribution, 20% mandatory federal income tax withholding applies unless the distribution is paid as a direct rollover to an eligible retirement plan or Traditional IRA.

Optional Federal Income Tax Withholding - If this distribution is not an eligible rollover distribution, 10% federal income tax will be withheld unless you elect otherwise. If this distribution is subject to the 20% mandatory federal income tax withholding, do not check below since it does not apply.

Do not withhold 10% optional federal income tax

State Income Tax Withholding - Withholding is mandatory in some states. Other states allow an independent election and in these states, state tax will be withheld unless you elect otherwise. If your state requires a greater withholding percentage than what you have indicated, the mandatory state tax will apply. If your state does not allow withholding, no state tax can be withheld. Please contact us to confirm if your state has a mandatory state tax.

Do not withhold state income tax (if independent election is permitted)

Withhold state income tax: _____%

Section F. Participant Signature

Please note: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim from a group annuity contract issued in New York, containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation. States other than New York also have insurance fraud statutes, which impose penalties for any violation thereof.

For All Participants: I understand that I may have to report this distribution to the IRS and pay appropriate income taxes on the taxable portion not rolled over. I have received and read the Special Tax Notice Regarding Plan Payments. If I hold an investment in SecurePath for Life, I have received and read the Special Notice to SecurePath for Life Participants, which contains important additional information about the impact of withdrawals on my SecurePath for Life benefit. I certify that the information provided on this form is correct and complete.

I understand that my distribution will not be processed until all payroll adjustments have been submitted by my employer and I have satisfied the wait period specified by my plan.

X _____
Participant Signature

X _____
Date

X _____
Print Name

X _____
Social Security Number

Section G. For Employer Information and Signature Only (Employer fills out this section)

Employment Status: Terminated _____ (date) Retired _____ (date)

Have all contributions been remitted? Yes No

Date of final contribution _____

(If a full distribution has been requested, processing will be delayed until the final contribution is received.)

Note: This distribution request cannot be processed unless all applicable sections of this form have been completed.

I certify that the information provided on this form is correct and complete, this transaction is permissible under the plan, and that any required consents and waivers have been obtained.

I certify that I am authorized to sign on behalf of the Plan Sponsor and:

- That the participant is eligible to withdraw his or her funds
- That all payroll adjustments have been submitted.

X _____
Authorized Employer Signature

X _____
Date

If you have questions regarding the completion of this form, or how to obtain an authorized employer signature, please call Bencor at 888-258-3422.

Return your completed form(s) with all required signatures to:

Bencor
4333 Edgewood Road NE
Mail Drop 0001
Cedar Rapids, IA 52499

Or, you may fax your completed form to 866-835-8863.

Instructions

To request a payment option, complete all applicable sections of this form, obtain any required signatures, and return the form to Bencor at 4333 Edgewood Road NE, Mail Drop 0001, Cedar Rapids, IA 52499 or call us at 888-258-3422. **A completed withdrawal request form is required in addition to the Payment Options form.**

There are three options:

1. **Direct Deposit** into your bank account, at no cost. Complete Section C to elect this option.
2. **Overnight mail delivery**, at your expense (generally \$20 to \$38 depending on location and type of service requested). Complete Section D to elect this option.
3. **Wire transfer for direct rollovers or transfers to another institution (\$5,000 minimum)**. Complete Section E to elect this option.

For scheduled recurring payments, please choose one option below:

- Initial request for direct deposit Change of account Discontinuance of direct deposit (all future payments will be mailed)

Section A. Employer Information

Employer Name

Contract/Account No.

Affiliate No.

Section B. Personal Information

Social Security No.

Date of Birth (mm/dd/yyyy)

First Name/Middle Initial

Last Name

Section C. Direct Deposit (ACH) to Your Bank Account (option not available for loans or direct rollovers)

Direct deposit may be used for distributions payable to you. This is an electronic transfer of funds sent directly to your bank account, at no cost to you. After Bencor receives all required documentation and approvals, the transaction will be processed and the funds will generally be forwarded to your bank within two business days of the withdrawal from your account. Check with your bank to confirm the funds have been credited to your account.

- Checking Account Savings Account

Available for distributions only.

Important: You must attach ONE of the following:

- A voided check (must have name and address pre-printed)
- A deposit slip with pre-printed account information (must have name and address pre-printed) and the routing number cannot begin with a 5 or 6,
- Letter from your bank on bank letterhead (including your notarized signature and full name, account number, and bank routing number).

Note: This can only be deposited into your account or an account with your name on it (the name on the bank account must match the name on your Bencor account). If proper documentation is handwritten, not legible or is not attached, we will mail a check by standard post office delivery.

Please confirm the ABA number and account number with your bank, as the numbers on your check or pre-printed deposit slip may be incorrect for direct deposit resulting in the funds being returned to Bencor. If the funds are returned to Bencor a check will be mailed to the address on file.

I authorize this transaction. If I am set up for scheduled recurring payments from my account, this method will apply for each payment unless Bencor is otherwise notified. I certify that the indicated account is with a bank and is held in my name and the information provided on this form is correct and complete. If necessary, debit entries and adjustments for any credit entries in error to my (our), _____ Checking or _____ Savings account (select one) indicated above and the financial institution named above, to debit and/or credit the same to such account.

I understand that my distribution will not be processed until all payroll adjustments have been submitted by my employer and I have satisfied the wait period specified by my plan.

X
Participant Signature

X
Date

X
Social Security Number

Section D. Overnight Mail Delivery from United Parcel Service (UPS)

These charges cannot be deducted from your Bencor account or from the requested loan or distribution amount. Overnight mail delivery may be used for loans or distributions payable to you, or to an institution for a direct rollover or transfer. A check will be released for overnight delivery within seven (7) calendar days from the date that Bencor receives all required documentation and approvals. If the rollover or transfer is greater than \$250,000, we recommend a wire transfer (see Section E).

Please choose applicable withdrawal type: Distribution (payable to participant) Direct Rollover to new provider

A signature may be required by UPS upon delivery to the address you provide.

To deliver the check to an alternate address, indicate the name of the addressee and that address below.

_____ (UPS will not deliver to a PO Box)

Credit Card information to be provided to UPS for the next day delivery: (If credit card information is not provided, we will mail a check by standard post office delivery.)

Type of Card Mastercard Visa (No others accepted)

Credit Card No. _____

Security Code _____ (from the reverse side of card) Expiration Date _____

Saturday delivery Yes No (If available in your area)

If the mailing address to which this check will be delivered is the same as the credit card billing address, please check the box below. If the addresses are different, please indicate the credit card billing address; otherwise the check will be sent by regular mail.

Mailing address is the same as the billing address.

I certify that the information provided on this form is correct and complete.

X

Participant Signature

X

Date

X

Social Security Number

Section E. Wire Transfers (option not available for loans or amounts under \$5,000)

This option is available for direct rollovers or plan transfers of at least \$5,000. Any amount less than \$5,000 will be processed in the form of a check.

ABA No. []

Bank Name _____

Institution Name (Rollover Company) _____

Institution Address _____

Bank Account No. _____

“Further Credit To” _____

Important: Because a bank receiving wire transfer funds does not verify with Bencor the identity of the account holder (the account number you indicate on this form), in order to protect you and your retirement plan against fraudulent withdrawals from your account, your signature must be notarized.

I certify that the indicated account is held in my name and the information provided on this form is correct and complete.

X _____
Participant Signature

X _____
Date

X _____
Print Name

Certificate of Acknowledgement

State of _____ County of _____

On _____ (notary date), before me, _____ (notary name printed),

personally appeared, _____ (participant name printed)

personally known to me -- OR --

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

WITNESS my hand and official seal

X _____
Notary Public Signature and Stamp/Seal

X _____
Date