

Instructions

To request a direct rollover to an eligible retirement plan (including an IRA), 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. For rollovers to multiple financial institutions, complete the Supplemental Rollover Form attached. For further information, please refer to the Special Tax Notice Regarding Plan Payments or your Summary Plan Description, or 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. Rollover Information

Reason for Rollover: Termination of Employment Retirement QDRO Award

Rollover Options (choose one):

- Full Rollover** - Roll over my entire account, including the portion attributable to after-tax contributions.
- Combination Rollover***

\$ _____ or _____ % paid to me, remainder as direct rollover as instructed below.

\$ _____ or _____ % as direct rollover as instructed below, remainder will be paid to me.

***For any cash withdrawal, please specify:**

- Net Withdrawal** (The amount requested below will be the amount issued to you *after* taxes are withheld. Please note that this will result in a larger total withdrawal amount than requested above.)
- Gross Withdrawal** (The amount requested below will be the amount withdrawn *before* taxes are withheld. Please note that this will result in a smaller payment to you than the amount requested above.)

*Note: If one of the above boxes is not checked, your withdrawal will be processed as a gross amount.
If there are insufficient funds in your account for a net distribution, your distribution will be processed for the maximum amount available.*

Type of Rollover

- Roll over to my other existing Bencor Plan _____ (account number).
- Roll over to a Traditional IRA with another financial institution.
- Roll over to a Roth IRA with another financial institution. *Note: If you elect a rollover to a Roth IRA, you will be taxed as if the distribution was not rolled over.*
- Roll over to an eligible retirement plan (e.g., qualified plan, 403(b) plan, 401(k) plan, or governmental 457(b) plan).

If rolling over assets to more than one institution, please provide information for additional carrier on the Supplemental Rollover Form:

Make check payable to: _____

New Plan Provider Name _____

New Plan Provider Address _____

New Plan Account No. _____

New Plan Provider Contact Name/Phone No. _____

Dollar amount from or percent to this carrier _____ *(Complete only if rolling money over to more than one provider)*

Section D. Payment Options For Rollovers

For Rollovers: *If one of the below payment options is not selected, this distribution will be processed in the form of a check. Please provide payment option for additional carrier on the Supplemental Rollover Form.*

- Special Handling _____
- Wire transfer *(A completed Payment Options form (attached) is required. Option available only for net distributions of at least \$5,000. Any distribution of \$250,000 or more must be processed in the form of a wire transfer. Any distribution less than \$5,000 will be processed in the form of a check.)*
- Check

For Partial Distributions Payable to Participant: *(Complete only if doing a Partial/Combination Rollover)*

- 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

Rollover to Roth:

The direct rollover of any portion of your account balance is generally not subject to mandatory federal or state tax withholding. If you have indicated in Section C. above that you wish to make a direct rollover to a Roth IRA from a non-Roth account, and you want to voluntarily have federal and/or state tax withheld on the taxable portion of such rollover, indicate the applicable percentages here:

Federal _____ % State _____ %

In the event that a portion of your account is paid to you in cash and has not previously been taxed, or if you default on your outstanding loan, the following tax withholding may apply:

For funds payable to participant:

Federal Income Tax Withholding - 20% mandatory tax withholding applies.

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 participants required to take a minimum distribution during the current year (and possibly, prior years) that was not satisfied, please note the following: If you have not already taken your required minimum distribution (RMD) for the current year and any past years, the amount needed to satisfy the RMD will be distributed as part of a separate transaction made payable to you prior to the processing of your direct rollover request. If you do not have a Minimum Distribution Request Form on file with Bencor that indicates otherwise, 10% federal tax withholding will apply to the RMD transaction.

For All Participants: I represent that the receiving plan or IRA will accept this direct rollover on my behalf, and is an eligible retirement plan permitted by law to receive eligible rollover distributions, and that I am eligible to rollover this distribution to such plan or an IRA. 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. Employer Information and Signature Only (Employer fills out this section)

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

Employment Status: Active Terminated _____ Termination Date Retired _____ Retirement Date

Date of final contribution _____ (Processing will be delayed until final contribution is received.)

Have all contributions been remitted? Yes No

I certify that the distributing plan meets any applicable regulatory requirements, that this rollover distribution constitutes an eligible rollover distribution, that this transaction is permissible under the provisions of the plan, that any required consents and waivers have been obtained, and that the information provided on this form is correct and complete. 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 _____
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.

Supplemental Rollover Form

Instructions: Complete this page only if rolling over assets to more than one institution.

Additional Carrier information:

Make check payable to: _____
IRA/Plan Provider Name _____
IRA/Plan Provider Address _____
IRA/Plan Account No. _____
IRA/Plan Provider Contact Name/Phone No. _____
Dollar amount or % to this carrier _____

Payment Options *If one of the below payment options is not selected, this distribution will be processed in the form of a check. Please provide payment option for the carrier listed above.*

- Special Handling _____
- Wire transfer *(Complete information below only if wire transfer option is selected. Option available only for net distributions of at least \$5,000. Any distribution of \$250,000 or more must be processed in the form of a wire transfer. Any distribution less than \$5,000 will be processed in the form of a check.)*
- 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 _____ **X** _____
Participant Signature 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 _____ **X** _____
Notary Public Signature and Stamp/Seal Date