

election of benefits withdrawal form



PARTICIPANT INFORMATION

Participant Name:		Social Security Number:
Participant Address:		
Daytime Telephone Number:	Email Address:	
Date of Birth:	Date of Hire:	Date of Separation:

TYPE OF WITHDRAWAL

Termination Retirement In-Service Disability Hardship

PLAN INFORMATION

Plan Name:	Contract Number:
Date of Last Contribution: <small>(Please complete only if Participant's last contribution has not been remitted)</small>	Vested Percentage: <small>(Please complete only if participant is not 100% vested)</small>

TYPE OF BENEFIT ELECTION

Direct Rollover

By choosing this type of benefit election, I understand that I am irrevocably designating the specified portion of my vested account as a direct rollover contribution to the account or plan identified below. Due to the important tax consequences related to a direct rollover, I have been advised to confer with my attorney or tax advisor. I understand that once this rollover has been made, it is irrevocable. I certify that any account or plan identified as the recipient of a direct rollover is qualified as an eligible plan to receive the direct rollover distribution as described in the "Special Tax Notice".

Into an Individual Retirement Account (IRA)*

Traditional IRA \$ _____ or _____ %

Financial Institution:	
Financial Institution Address:	
City, State, Zip	
Account Number:	Financial Institution Telephone Number:

Roth IRA \$ _____ or _____ %

Financial Institution:	Account Number:
Financial Institution Address:	
City, State, Zip	Financial Institution Telephone Number:

*** Your IRA should be established before transfer of funds to your financial institution.**

Qualified Retirement Plan sponsored by your current employer \$ _____ or _____ %

Plan Name:	Plan Administrator:
Financial Institution:	Account Number:
Financial Institution Address:	
City, State, Zip:	Financial Institution Telephone Number:

Cash Payment \$ _____ or _____ %

The following questions are required to be completed to avoid a delay in processing your cash payment.

Are you a U.S. citizen? Yes No / If No, please state country of citizenship: _____

Are you a U.S. resident? Yes No / If No, please state country of residence: _____

Please see the "Special Tax Notice" for tax implications of a cash payment. Complete the Authorization Agreement for Automatic Deposits (EFT or WIRE)

Deferred Payment \$ _____ or _____ %

No distribution made at this time.

Installment Payments

Receive a payment in the amount of \$ _____

Monthly Quarterly Semi-Annually Annually

Date of 1st payment _____ (Payments will be processed on the 2nd working day of the month)

If selecting the installment option, please complete the Authorization Agreement form.

AUTHORIZATIONS AND SIGNATURES (ALL SIGNATURES ARE REQUIRED)

I have thoroughly read the "Special Tax Notice" and understand the tax consequences of my election, and hereby consent to the payment option elected on this form.

I hereby waive the 30-day minimum period described in the "Special Tax Notice." I elect to receive my distribution in accordance with the option I have selected under the Type of Benefit Election section on the Election of Benefits Withdrawal Form.

Participant's Signature

Date

Plan Administrator's Signature

Date

Please sign and send this form to the Plan Administrator of this plan.

The Plan Administrator will sign the form on the designated line above and forward the completed form to Ameritas.

THE PLAN ADMINISTRATOR'S SIGNATURE IS REQUIRED TO AVOID A DELAY IN PROCESSING.

** Please note this form must be completed in its entirety and be in good order (able to be processed based solely on the information herein) in order to be processed timely.

Authorization Agreement

Automatic deposits
(EFT or Wire)



I hereby authorize Ameritas Life Insurance Corp., to initiate appropriate credit entries to my account indicated below and bank named below, hereinafter called Bank, to credit the same such amount.

PARTICIPANT INFORMATION

Name _____ Social Security Number _____

Contract/Policy # _____ Plan Name _____

TYPE OF ACCOUNT CHANGE

- New Account Set-up Change in Account Terminate Direct Deposit

SELECT ONE OF THE FOLLOWING TYPES OF ACCOUNTS

- Checking Account Savings Account

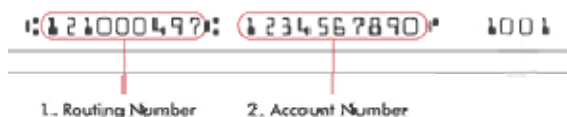
BANK INFORMATION

- EFT Wire*

Name _____ Branch _____

City _____ State _____ ZIP _____

Bank Routing # _____ Account # _____
(1) 9 digit Routing Number (2) Account Number



This agreement is to remain in full force and effect until Ameritas Life Insurance Corp. has received written notification from me of its termination in such time and manner as to afford Ameritas and the Bank a reasonable opportunity to act on it. I understand this authorization is for benefit payments from my Retirement Plan account.

Printed Name _____ Date _____

Signature _____

*Please contact your Financial Institution to verify the Wire Routing/ABA number. A \$15.00 fee will be assessed for all wire transfers.

**PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS,
OR A SAVINGS DEPOSIT SLIP FOR SAVINGS ACCOUNTS.**