



Financial Group®

Retirement Financial Services  
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# Trustee Directive for Benefit Payment

## Lump Sum Distribution or Partial In Service Withdrawal

<b>Participant Information</b>  <i>Our records will be updated to reflect the address given here.</i>	Contract/Certificate number _____	
	Plan name _____	
	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**

I elect to receive a lump sum payment of my entire account balance.

I elect to receive a lump sum payment in the amount of \$ \_\_\_\_\_

*Note: You may specify the sources (classes) only or both the sources and accounts from which you would like your assets withdrawn by completing the appropriate section on page 23 and returning it with your distribution request. 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with a balance completely depleting that account prior to moving to the next account, until the full amount has been withdrawn.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.*

**Voluntary Tax Withholding Election**

*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 5-11 of this booklet for more information. State taxes will be withheld at the appropriate rate when applicable.*

Instead of 20% withholding, withhold at \_\_\_\_\_% (may not be lower than 20%).

**Non-Spousal Death Distribution** - Instead of 10% withholding, withhold at \_\_\_\_\_% (may be as low as 0%).

**Payment Instructions**

The check will be mailed to the participant's address as given in the Participant Information Section above.

The check will be mailed to the Trustee.

The funds will be sent directly to the financial institution listed below via ACH. *(If incomplete or inaccurate information is received, a check will be sent to the participant.)*

ABA number (nine digit bank routing number or attach a voided check) \_\_\_\_\_

Account number \_\_\_\_\_  Checking  Savings

Account owner name \_\_\_\_\_

Financial institution name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ ZIP \_\_\_\_\_

**Reason for Distribution**

*To be completed by plan administrator/trustee*

Retirement as of \_\_\_\_\_

Employment termination as of \_\_\_\_\_

Disability as of \_\_\_\_\_

Death as of \_\_\_\_\_ *(Include copy of Death Certificate for TPA)*

\*Employer plan termination as of \_\_\_\_\_

\*In Service withdrawal as of \_\_\_\_\_

QDRO as of \_\_\_\_\_ *(please complete the Alternate Payee Section on the back of this form)*

\*Employer Initiated Event (layoff, plant shutdown, sale, merger, consolidation, reorganization, spinoff or any other program)

\*Contract surrender charges and/or a market value adjustment may apply.

**Complete the back of this page.**

**Vesting** \_\_\_\_\_  
 Indicate the number of hours worked in year of severance of employment \_\_\_\_\_

*Must complete vesting or distribution will not be processed.* Is there an outstanding loan?  Yes Outstanding loan balance: \$ \_\_\_\_\_  
 No

**Does this distribution contain after tax dollars?**  Yes  
 No

**After tax basis \$** \_\_\_\_\_

*To be completed by plan administrator/ third party administrator*

Indicate percentage vested by source below:

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

**Alternate Payee** Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
*Complete if distribution due to QDRO* Soc. Sec. no. \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, \_\_\_\_\_ ZIP \_\_\_\_\_ -

**Beneficiary Designation** Name \_\_\_\_\_  
*Complete if distribution due to death.* 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 Director<sup>SM</sup> 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%. 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** 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.

*Form will be returned if appropriate signatures are not present.*

Plan administrator/  
 Trustee name (Please print) \_\_\_\_\_

Plan administrator/  
 Trustee signature \_\_\_\_\_ Date \_\_\_\_\_

TPA Authorization code \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_