

Distribution Request Form

Employer:		
Name of Participant:		Social Security #:
Address:		Evening Phone #: ()
City, State, Zip:		Date of Birth:
Will distribution be sent to the address above? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a permanent address change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, enter correct address (please print): _____		
Beneficiary Name:		Social Security #
Address:		Date of Birth:
Relationship to Participant:		
<i>NOTE: SSN and address must be provided to avoid tax withholding. (Spouses not rolling over distribution must have 20% withheld.)</i>		

ACCOUNT SETTLEMENT ELECTION:

CHECK ONE: (If you check line 1 or 2, please complete the Direct Rollover Information section below.)

1. A direct rollover of the entire account balance to the IRA, 457 plan, annuity plan, or qualified plan designated in the Direct Rollover Information Section below.
2. A partial rollover of \$ _____ (not less than \$200) of my account balance to the IRA, 457 plan, annuity plan, or qualified plan designated in the Direct Rollover Information section of this form, with the remaining account balance paid in a lump sum (less 20% federal tax withholding, if taxable distribution is in excess of \$200). I understand that the lump sum can only be distributed to me if I have completely terminated working for this Employer.
3. A lump sum of my entire account balance (less 20% federal tax withholding, if taxable distribution is in excess of \$200)
4. Death Distribution (please fill in Beneficiary info box above) Payments made to the Estate of Participant will require 10% withholding.
 I do not want Federal Income Tax withheld. I want to have Federal Income Tax withheld.

PLEASE NOTE: The Beneficiary **MUST** include an actual certified copy of the death certificate with the completed distribution request form.

DIRECT ROLLOVER INFORMATION – (IRA account, 457 plan, annuity plan, or qualified plan information)

Complete this section only if you checked line 1 or 2 of the Account Settlement Election section above. (Check will be made payable to the IRA account, 457 plan, annuity plan, or qualified plan listed below). I represent that the IRA, 457 plan, annuity plan, or qualified plan designated below is a proper recipient plan for a direct rollover. (please print)

Name of IRA, 457 Plan, Annuity Plan, or Qualified Plan _____ Account No. _____

Make Check Payable To: _____

Name of Payee ("FBO" - For the Benefit Of) _____

Address to Send Direct Rollover _____

City, State, Zip Code _____

Note: If you are electing to have your account balance rolled to your State Teachers Retirement Program, you **MUST** include an original Acceptance Letter (TEXAS residents must also include a TRS551 form) which provides the specific amount that is eligible for rollover. Your distribution will not be processed without this information.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge that the option selected in the Account Settlement Election section cannot be processed for 60-90 days from the date MidAmerica receives this distribution election form. I understand that I should consult my professional tax advisor about this distribution due to the complexity of the tax laws. I certify that my Social Security number shown on this Distribution Request Form is my correct tax payer identification number and that my full legal name is provided above as well. I understand that this election supersedes any previous election made under this plan.

Employer Participant (or Beneficiary) Signature _____ Date _____

Employer Authorized Signature (Optional; MidAmerica can also obtain signature) _____ Date _____