

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 (<i>please print</i>): _____ _____		
Beneficiary Name (if death claim):	Social Security #	Date of Birth:
Address:		
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.

Employee Participant (or Beneficiary) Signature _____

Date _____

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

Date _____

The Premier Plan

INSTRUCTIONS

for completing the Distribution Request Form

If you have separated from service or retired from an employer that sponsors a Deferred Compensation Plan, then you may be entitled to a distribution (a waiting period may apply). If so, please complete and return this form. If your employment status has changed from part-time to full-time, your funds may not be released until you have discontinued contributions to this plan for two years or terminate employment.

Your benefit must be distributed no later than April 1 of the calendar year following the date you reach age 70 ½ or actually retire. If you are already over age 70 ½ and are no longer working for this entity, you must complete and return this form. Failure to satisfy this requirement may result in an excise penalty tax.

PLEASE NOTE:

If you are still employed as an active part-time, temporary or seasonal employee, **you are not entitled to a distribution** at this time.

If your balance is \$5,000 or more, you are **not eligible to withdraw** until termination of employment.

BEFORE YOU SUBMIT THIS FORM TO MIDAMERICA:

- **Read the Special Tax Notice Regarding Plan Payments** carefully before completing this form (*immediately following this form*).
- **Please print** and then **verify** employer's name (top of form) and all personal information.
- **If the name on the form is different from the name we have in our records, please provide proof of your name change (i.e. marriage certificate or copy of Social Security Card) so that we may update our records and process your request.**
- **Select** one line in the **Account Settlement Election Section**.
- If you select line 1 or 2 in the Account Settlement Election Section, please complete the **Direct Rollover Information Section**. Please print.
- **Sign** the **Acknowledgement and Authorization** section.
- When completed, **return this form** to:

**Schamerhorn Financial Group
1331 Gemini, Suite 210
Houston, Texas 77058**

INSTRUCTIONS FOR DEATH CLAIM:

Please complete all information at the top of the form in addition to the **Beneficiary information section**.

Check item 4 of the Account Settlement Election section, and indicate whether or not you want Federal Income Tax withheld.

The Beneficiary must include an actual certified copy of the death certificate with the completed distribution request form.

If any of the information is incorrect, or if you have already completed one of these forms, please call MidAmerica at: 1-800-430-7999.