AAAA Retirement Fund for Member Agencies

PARTICIPANT DISTRIBUTION ELECTION – ROTH

YEAR OF FIRST ROTH DEFERRAL _____

AGENCY/PLAN _____ DATE OF NOTICE _____

PARTICIPANT _____ TERMINATION DATE _____

ROTH ACCOUNT BALANCE _____ PROPOSED DISTRIBUTION DATE _____

① ELECTION: *(Choose (a), (b), (c), (d), or (e))*

❑ (a) A direct rollover of my entire Roth Account Balance to the entity designated in Section 3. I have confirmed the Rollover Entity will accept Roth 401(k) Rollovers.

❑ (b) A direct rollover of the following portion of my Roth Account to the entity designated in Section 3: $_____ (not less than $500), with the balance paid in lump sum (complete Section 2). I have confirmed that the Rollover Entity will accept Roth 401(k) Rollovers.

❑ (c) A lump sum payment of $_____ (not less than $500 – complete Section 2) of my Roth Account Balance, with the balance paid as a direct rollover to the entity designated in Section 3. I have confirmed that the Rollover Entity will accept Roth 401(k) Rollovers.

❑ (d) A lump sum payment of my entire Roth Account Balance, (complete Section 2).

❑ (e) A partial payment of $_____ of my Roth Account Balance (complete Section 2 with the remainder of my account balance to remain in the plan until further distribution options are elected (only available if your account balance is > $1,000).

WAIVER OF MINIMUM NOTICE PERIOD. I consent to an immediate distribution of my Roth Account Balance. I affirmatively waive any unexpired portion of the minimum 30-day notice period during which I may consent to a distribution from the Plan.

Check if the above distribution is due to:

❑ Disability ❑ Retirement

NOTE: If your Roth account balance is **less than $5,000** but greater than $1,000 and you do not complete and return this form by the proposed distribution date, the Plan will automatically roll over your Roth Account Balance to a Roth individual retirement account (IRA) for your benefit with E*TRADE Securities LLC. See **Notice Regarding Automatic Rollover**.

THE DISTRIBUTION OF YOUR ROTH ACCOUNT BALANCE WILL BE MADE AS SOON AS ADMINISTRATIVELY POSSIBLE AFTER THE FORM HAS BEEN RECEIVED BY AAAA BENEFITS, INC.

EXECUTION: Dated this _____ day of _____ 20___.

Your Signature	Phone Number
Your Home Address	
City/State/Zip	
Your Social Security Number	

Agency/Plan Administrator

② DISTRIBUTION OPTIONS FOR LUMP SUM PAYMENTS

You have the option to receive your distribution either by:

❑ check or ❑ direct deposit

Complete Section 3B if you would like to have your Roth distribution deposited directly to your checking or savings account **(please attach a voided check)**. There is no cost for direct deposit.

By signing this form, I am authorizing AAAA Benefits, Inc. to initiate credit entries or debit corrections to the

❑ checking account or ❑ savings account

indicated and the financial institution named to credit the same to such account.

③ INFORMATION FOR DIRECT ROLLOVER

[*Do not complete unless you chose election 1(a), 1(b) or 1(c)*]

You have the option to have your Roth account balance transferred to the receiving rollover entity either by check (complete Section A) or by wire transfer (complete Section B).

A. Direct rollover of my Roth account balance by check:

CONFIRM THE ENTITY ACCEPTS **ROTH 401(K)** ROLLOVERS

Name of Roth IRA, Qualified Plan Or Rollover Entity:
Make Check Payable To:
Account Number:
Address:

Please mail my direct rollover check: ❑ to the address above

❑ to my home address

B. Direct rollover of my Roth account balance by wire transfer:

Name of Financial Institution/Branch:
City/State/ZIP:
Bank Transit/ABA #:
Trustee/Custodian Account # :
Plan/Roth IRA Account # and/or Name: