



AAAA Retirement Fund for Member Agencies

PARTICIPANT DISTRIBUTION ELECTION-TRADITIONAL

AGENCY _____ DATE OF NOTICE _____
 PARTICIPANT _____ TERMINATION DATE _____
 VESTED ACCOUNT BALANCE _____ PROPOSED DISTRIBUTION DATE _____

① **ELECTION:** After reading the **Special Tax Notice Regarding Plan Payments**, I, the undersigned Participant, make the following distribution election: *(Choose (a), (b), (c), (d), or (e))*

- (a) A direct rollover of my entire Vested Account Balance to the entity designated in Section 3.
- (b) A direct rollover of the following portion of my Vested Account to the entity designated in Section 3: \$_____ (not less than \$500), with the balance paid in lump sum (complete Section 2), less income tax withholding.
- (c) A lump sum payment of \$_____ (not less than \$500 – complete Section 2) of my Vested Account Balance, less income tax withholding, with the balance paid as a direct rollover to the entity designated in Section 3.
- (d) A lump sum payment of my entire Vested Account Balance, (complete Section 2) less any income tax withholding.
- (e) A partial payment of \$_____ of my vested account balance (complete Section 2), less any income tax withholding, 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 > \$5,000).

WAIVER OF MINIMUM NOTICE PERIOD. I consent to an immediate distribution of my Vested 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: Before distributing your account, review the Special Tax Notice Regarding Plan Payments which explains how you can continue to defer federal income tax on your retirement savings in the Retirement Plan. It contains important information you will need before you decide how to receive your Plan Benefits.

THE DISTRIBUTION OF YOUR VESTED 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 _____ 200_____.

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 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 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 account balance by check:

Name of 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 account balance by wire transfer:

Name of Financial Institution/Branch:
City/State/ZIP:
Bank Transit/ABA #:
Account Name:
Account #: