DIVERSIFIED INVESTMENT ADVISORS
4333 Edgewood Road NE, Cedar Rapids, IA 52499
800-926-0044
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Distribution Request

Instructions

To request a distribution, complete all applicable sections of this form and return it to Diversified at the above address. Do not use this form to request a direct rollover to an IRA or an eligible retirement plan; instead complete a Direct Rollover Request (Form No. 2214-457(b)-G), and a Traditional IRA Enrollment Application and Adoption Agreement (Form No. 3025-TN) if rolling over to a Diversified IRA.

SECTION A. Employer Information

Company/Employer Name | Contract/Account No. | Affiliate No. | Division No.

SECTION B. Participant Information

Social Security No. ___-___-____ | Date of Birth (MM-DD-YYYY) __-__-____ | E-Mail Address

Last Name | First Name/Middle Initial

Street Address/Apt. No. | Phone No. ___-___-____ | Ext. (if any)

City | State | Zip Code _____-____

Marital Status ☐ Married ☐ Single/Divorced

SECTION C. Distribution Information

Reason for distribution: ☐ Termination of employment ☐ Retirement ☐ Unforeseeable Emergency

Amount of distribution: ☐ 100% or ☐ $_____, remainder to be: ☐ Left on deposit ☐ Other _____

Distribution Options

☐ Leave funds on deposit

☐ Purchase annuity *(also complete Annuity Election, Form No. 2223)*

☐ Lump sum distribution

☐ Small Account Distribution *($5,000 or less, must be an inactive account for at least two years)*

☐ Flexible Distribution Options *(available if leaving funds on deposit or rolling over to Diversified IRA)*

- ☐ Fixed Payment $_____ (amount)
- ☐ Life Expectancy

Payment commencement month: _____

Payment frequency:

☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

Payment Options

☐ Check ☐ Wire transfer *(Minimum amount $5,000. Complete information below only if wire transfer option is selected.)*

ABA No.

Institution Name _____

Account Name _____

Account No. _____

"Further Credit To" Institution Name _____
(For wire to credit union or overseas bank, call Diversified for additional information.)

Note: If one of the above payment options is not selected, this distribution will be processed in the form of a check.

SECTION D. Outstanding Loan Options (if applicable)

For any outstanding loan(s) at the time of my termination, I wish to:

☐ Pay off the loan(s). *(Call Diversified to verify loan payoff amount and procedure prior to submitting this form.)*

☐ Continue loan repayments via loan coupons. *(Available if funds are left on deposit and if allowed by the plan. Call Diversified for further information.)*

☐ Default the loan(s). I understand that a taxable distribution will be reported to the IRS as indicated in the Special Tax Notice.

Note: If one of the above options is not selected, any outstanding loan(s) will be automatically defaulted in accordance with federal regulations.

SECTION E. Tax Withholding Election

Mandatory Federal Income Tax Withholding - If this distribution is eligible for a direct rollover, it is subject to 20% mandatory federal income tax withholding unless paid as a direct rollover to an eligible retirement plan or IRA.

Optional Federal Income Tax Withholding - If this distribution is an annuity paid over life expectancy, it is eligible for 10% optional federal income tax withholding unless you elect otherwise. If this distribution is subject to the 20% mandatory federal income tax withholding, do not check below since it does not apply.

☐ Do not withhold 10% optional federal income tax

State Income Tax Withholding - Withholding is mandatory in some states. Other states allow an independent election and in these states, state tax will be withheld unless you elect otherwise.

☐ Do not withhold state income tax (if independent election is permitted)

SECTION F. Participant Signature

I understand that I may have to report this distribution to the IRS and pay appropriate income taxes on the taxable portion not rolled over. I have received and read the Special Tax Notice Regarding Plan Payments applicable to 457(b) governmental plans. I certify that the information provided on this form is correct.

X _____ _____

Participant Signature | Date

SECTION G. Employer Information and Signature

Employment status: ☐ Terminated _____ ☐ Retired _____

Termination Date | Retirement Date

Have all contributions been remitted? ☐ Yes ☐ No

Period end date of final contribution _____ *(If a full distribution has been requested, processing will be delayed until the final contribution is received.)*

I certify that this transaction is permissible under the provisions of the plan, and that the information provided on this form is correct and complete.

X _____ _____

Employer Signature | Date