



Instructions

To request payment of survivor benefits, complete all applicable sections of this form and return it to Diversified at the above address (Attn: Retirement Counseling Group, Mail Drop 4-41). For more information, please refer to the Special Tax Notice Regarding Plan Payments. For help in completing this form, call Diversified (Retirement Counseling Group) at 800-926-0044.

For all claims, include a certified copy of the participant's death certificate, proof of claimant's age, and any other required information as indicated. If the claimant is a contingent beneficiary, also attach a certified copy of the primary beneficiary's death certificate. If the claimant is an executor, administrator, guardian, trustee or other legal representative, attach a certificate of appointment or authority. This form must be signed both by the person legally entitled to receive the proceeds of the participant's account and the employer. If there is more than one claimant, complete a separate form for each beneficiary.

SECTION A. Employer Information

Company/Employer Name	Contract/Account No.	Affiliate No.	Division No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION B. Deceased Participant Information

Last Name	First Name/Middle Initial	
<input type="text"/>	<input type="text"/>	
Social Security No.	Date of Birth (MM-DD-YYYY)	Date of Death (MM-DD-YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION C. Claimant Information

Last Name	First Name/Middle Initial	Social Security No. (or TIN for trust/estate)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address/Apt. No.	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone No.	Ext. (if any)	Date of Birth (MM-DD-YYYY)	Relationship to Deceased
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION D. Distribution Options

Availability of the following options may depend on plan provisions as well as the original elections of the participant. All distributions must comply with IRS required minimum distribution regulations. In general, elections must be made so that distributions commence no later than December 31st of the year following the year of the participant's death. For additional information on any of these options, please call Diversified (Retirement Counseling Group) at 800-926-0044.

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| <input type="checkbox"/> Leave funds on deposit <ul style="list-style-type: none"> <input type="checkbox"/> 5 year rule (Note: All benefits must be distributed by 12/31 following the 5th anniversary of the participant's death. Available only if participant had not reached the required beginning date for minimum distributions.) <input type="checkbox"/> Delayed distribution (Note: Can only be delayed until the end of the calendar year in which the participant would have attained age 70 1/2. Available only to spouse designated as sole beneficiary.) <input type="checkbox"/> Roll over to a Diversified IRA (available to spouse only; also complete Traditional IRA Enrollment Application and Adoption Agreement, Form No. 3025-TN) <input type="checkbox"/> Roll over to an eligible retirement plan or traditional IRA with another financial institution (available to spouse only; also complete Direct Rollover Request, Form No. 3071) <input type="checkbox"/> Purchase annuity (also complete Annuity Election, Form No. 2223-457b-G) <input type="checkbox"/> Lump sum distribution | <input type="checkbox"/> Flexible Distribution Options (available if leaving funds on deposit) <ul style="list-style-type: none"> <input type="checkbox"/> Fixed Payment \$ _____ (amount) <input type="checkbox"/> Fixed Payment over _____ years <input type="checkbox"/> Life Expectancy Payment commencement month: _____
Payment frequency: <ul style="list-style-type: none"> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual |
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