

Retirement Plan Distribution Request (LA)

You may request your distribution online, if your plan allows.
 Logon to the Personal Savings Center at retirement.standard.com

Plan Administrator: Complete and sign Section A and give to: (1) Terminating participants; (2) Active employees who request their retirement benefits upon reaching normal retirement age; (3) Participants age 70½ who are required to begin taking minimum distributions; (4) Beneficiaries of deceased participants; (5) Alternate payees under Qualified Domestic Relations Orders.

(A) PLAN ADMINISTRATOR AUTHORIZATION				
PLAN NAME:			CONTRACT NO.:	
PARTICIPANT NAME:			SOCIAL SECURITY NO.:	
PARTICIPANT IS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Cannot Locate Spouse	DATE OF TERMINATION:	DATE OF DEATH: (if applicable)	HOURS FOR THIS PLAN YEAR: (only if reported annually)	
REQUEST IS DUE TO: <input type="checkbox"/> Termination <input type="checkbox"/> Retirement termination	<input type="checkbox"/> Retirement while employed <input type="checkbox"/> Total & Permanent Disability termination (see Plan) <input type="checkbox"/> Required Minimum Distribution (age 70½)	<input type="checkbox"/> Death <input type="checkbox"/> QDRO		
If distribution is due to death, provide beneficiary information below.			<input type="checkbox"/> Certified copy of Death Certificate is attached.	
BENEFICIARY NAME: (printed)	SOCIAL SECURITY NO.:	RELATIONSHIP:	DATE OF MARRIAGE: (If Spouse)	BENEFIT %:
IF THIS BENEFICIARY IS NOT RECEIVING 100%, LIST NAME, SOCIAL SECURITY NO. AND BENEFIT % FOR EACH ADDITIONAL BENEFICIARY:				
The Standard is authorized to make distribution to the Participant or Beneficiary named above. The distribution will be paid according to the terms of the Plan.	PLAN ADMINISTRATOR OR DESIGNATED REPRESENTATIVE NAME: (printed)		PHONE NO.:	
	PLAN ADMINISTRATOR OR DESIGNATED REPRESENTATIVE SIGNATURE:		DATE SIGNED:	

Participant: Complete Sections B, D or E, and F. Your Spouse completes Section C, if applicable. Regulations require that participants wait at least seven days after receiving this booklet to request a distribution. For account information, call 800.858.5420 or logon to retirement.standard.com. The distribution must be paid out within 180 days of your election.

(B) PARTICIPANT SIGNATURE (Or Beneficiary if Death Benefit; Alternate Payee if QDRO)		
I am <input type="checkbox"/> Single <input type="checkbox"/> Married. I understand that I have the right to take at least 30 days to select a benefit option. I have read and understand the explanation of the Qualified Joint and Survivor Annuity (QJSA). As required by regulations, I certify that at least seven days have elapsed since I received the QJSA explanation. If I did not select a QJSA, I elect to waive payment of my benefits in the form of a QJSA and to receive payment in the form selected. If I designated a joint annuitant or beneficiary other than my spouse, I elect to waive payment of any survivor benefits to my spouse. I have the right to revoke either election at any time prior to the date my benefit payments commence. I understand that after payments begin, my election is irrevocable.		
PARTICIPANT SIGNATURE: (Death Beneficiary/Alternate Payee)	DATE SIGNED:	Mail or fax request to address on front of form. Death benefit requests must be mailed with certified copy of death certificate.
MAILING ADDRESS:	DATE OF BIRTH:	
CITY, STATE, ZIP:	DAYTIME PHONE:	E-MAIL ADDRESS:
ALTERNATE MAILING ADDRESS: (If check should be mailed to an address other than the above mailing address.)		
<input type="checkbox"/> Use Overnight Delivery to send my distribution check. Deduct additional fee from my account balance.		
<input type="checkbox"/> My address is outside the U.S. or its territories. I am mailing my IRS Form W-9 or W-8BEN with this request. (The original IRS Form must be received before payment can be processed. Fax copies cannot be accepted.)		

(C) SPOUSAL CONSENT – Spouse must consent if a QJSA is not selected and your vested balance exceeds \$5,000 on the distribution date. **Consent must be witnessed by the Plan Administrator or Designated Plan Representative or Notary Public.**

I have read and understand the explanation of the Qualified Joint and Survivor Annuity (QJSA). **If my Spouse did not select a QJSA**, I consent to payment in the form selected. **If my spouse designated a joint annuitant or beneficiary other than me**, I consent to that designation. I understand that my consent is irrevocable, unless my spouse revokes the election.

SPOUSE NAME: <i>(printed)</i>	PLAN REPRESENTATIVE OR NOTARY NAME: <i>(printed)</i>	NOTARY STAMP OR SEAL
SPOUSE SIGNATURE:	PLAN REPRESENTATIVE OR NOTARY SIGNATURE:	
DATE SIGNED:	DATE SIGNED:	

(D) BENEFIT OPTION – CHOOSE ONE *Cash payments will be reduced by Tax Withholding and fees, if required.*

1. **Rollover of total vested balance**
 Partial Rollover of \$ _____ AND balance to remain in Plan *(Partial distribution must be allowed by the Plan.)*
 Partial Distribution of \$ _____ payable to me AND roll over the remaining vested balance
 Rollover of pre-tax balance to Roth IRA *(You will be responsible for taxes related to this conversion on your personal tax return for the year distributed.)*
(Rollover of after-tax contributions is allowed to an IRA, or to a 401(a) or 403(b) plan that will separately account for the after-tax amounts.)

MAIL ROLLOVER TO THE ATTENTION OF:	NAME OF ROLLOVER INSTITUTION <i>or</i> NAME OF PLAN (PAYEE):	ACCOUNT NO.:
MAILING ADDRESS:		CITY, STATE, ZIP:

2. **Lump Sum Distribution** of total vested balance payable to me
 Partial Distribution of \$ _____ payable to me AND balance to remain in Plan
(Partial distribution must be allowed by the plan.)

3. **Annuity – also complete section E** *(Your vested balance must exceed the plan cashout amount.)*

4. **Payments from Account – pay \$ _____ per Month** *(Only available if provided by the Plan.)*

5. **Required Minimum Distribution – Annual Payments from Account** *(for participants age 70½ - see Frequently Asked Questions)*
 Complete beneficiary information if spouse is sole beneficiary and is more than 10 years younger.

NAME OF BENEFICIARY: <i>(printed)</i>	RELATIONSHIP:	SOCIAL SECURITY NO.:	DATE OF BIRTH:
MAILING ADDRESS:		CITY, STATE, ZIP:	

6. **Delay Distribution until age 70½** *(for terminated participants who have reached Normal Retirement Age)*

7. **Other option described in Summary Plan Description:** *(specify)*

(E) ANNUITY OPTION – Effective date will be within 15-45 days of The Standard's receipt of form, unless another date is specified:

I want the effective date of my payments to be the 1st day of (mo) _____, (yr) _____ *(must be within 180 days).*

QJSA: Qualified Joint & Survivor Annuity If married, QJSA is a Joint & Survivor Annuity. If single, QJSA is a Straight Life Annuity. <i>(Not available if death benefit; if QDRO, see FAQ)</i>	NAME OF SPOUSE: <i>(printed)</i>		
	SOCIAL SECURITY NO.:	DATE OF BIRTH:	
<input type="checkbox"/> Joint & Survivor Annuity at _____ % <small>(66-2/3, 75, 100)</small> <i>(Not available if death benefit; if QDRO, see FAQ)</i> <input type="checkbox"/> Certain Period Annuity for _____ Years <small>(3-20)</small> <input type="checkbox"/> Certain and Life Annuity for _____ Years <small>(5, 10, 15)</small> <input type="checkbox"/> Straight Life Annuity	NAME OF JOINT ANNUITANT OR BENEFICIARY: <i>(printed)</i>		
	RELATIONSHIP:	SOCIAL SECURITY NO.:	DATE OF BIRTH:
	MAILING ADDRESS:		
	CITY, STATE, ZIP:		

(F) TAX WITHHOLDING (See *Special Tax Notice* for an explanation of Federal Tax withholding.)

State Income Tax – If applicable, State Income Tax will be withheld from all payments unless you check this box:

Do NOT withhold State Income Tax, unless required.

Federal Income Tax – Required amount will be withheld from the taxable portion of your payment, unless you select options below.

Withhold an additional ____ % from my payments.

For required minimum distribution payments:

Do NOT withhold Federal Income Tax.

For Payments from Account or Annuity lasting for at least 10 years or life expectancy:

Calculate withholding using: Single Married Exemptions: _____

Do NOT withhold Federal Income Tax.