CLEAR FORM

CARES Act Distribution Request

Ameritas

Ameritas Life Insurance Corp., Ameritas Life Insurance Corp. of New York – Retirement Plans Division
PO Box 385017 / Birmingham, AL 35238-5017 / Phone: 800-277-9739 / Fax: 402-467-7952 / Email: RPcontact@ameritas.com

1. Participant Information *(Participant to Complete)*

Participant Name: ______________________ SSN: ______________

Participant Address: ______________________

City: ______________ State: ______________ ZIP: ______________

Email Address: ______________________ Phone Number: ______________

Date of Birth: ______________ Marital Status: ______________

US Citizen: ☐ Yes ☐ No, Country of Citizenship: ______________

US Resident: ☐ Yes ☐ No, Country of Residence: ______________

Request to Access Retirement Funds pursuant to the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"):

I hereby request the following distribution from my retirement plan account in accordance with the CARES Act. I certify that I meet at least one of the following conditions:

1) *I was diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (referred to collectively as COVID-19) by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act);*
2) *My spouse or my dependent was diagnosed with COVID-19 by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act); or*
3) *I have experienced adverse financial consequences because:*
   - i. *I, my spouse, or a member of my household was quarantined, furloughed or laid off, or had work hours reduced due to COVID-19;*
   - ii. *I, my spouse, or a member of my household was unable to work due to lack of childcare due to COVID-19;*
   - iii. *A business owned or operated by me, my spouse, or a member of my household closed or reduced hours due to COVID-19; or*
   - iv. *I, my spouse, or a member of my household had a reduction in pay (or self-employment income) due to COVID-19 or had a job offer rescinded or start date for a job delayed to COVID-19.*

☐ **Distribution: Cash Payment $**______________ **or** ☐ **Maximum Available**
(lesser of up to $100,000 or Available Account Balance)

Federal Tax Withholding *(10% early withdrawal penalty does not apply)*

Choose One:

☐ Withhold the required percentage per IRS regulations

☐ Do not withhold

☐ Additional Withholding: $______________ or ________%

State Tax Withholding

Choose One:

☐ Withhold the required percentage per state regulations

☐ Additional Withholding: $______________ or ________%

Delivery Options

Cash Proceeds Delivery Options	Cost to You	Information Required
☐ Check – U.S. Mail	$0.00	Valid Address
☐ Check – FedEx Overnight	$25.00	Valid Street Address Phone Number
☐ ACH	$0.00	Complete Attached ACH Authorization
☐ Wire	$25.00	Complete Attached ACH Authorization

2. Plan Information *(Plan Sponsor to Complete)*

Plan Name: ______________________ Plan Number: ______________

Vested Percentage: ________%

Termination Date *(if applicable)*: ______________

3. TPA to Complete *(If applicable)*

Vested Percentage: ________%

TPA Fee: ☐ Waive ☐ Charge this amount: $__________

Non-taxable Amount (Roth, After Tax): $__________

4. Signatures

X ______________________ ______________
Signature of Participant Date

X ______________________ ______________
Signature of Spouse *(if applicable)* Date

X ______________________ ______________
Signature of Plan Administrator Date

X ______________________ ______________
Signature of TPA *(if applicable)* Date

Return Instructions: Email to RPContact@ameritas.com or fax to 402-467-7952.

Notice of Distribution Options

This notice (referred to as the "Notice of Distribution Options", or the "411(a)(11) Notice") summarizes important information you will need before you decide how to receive your benefits from your Plan. You should consult the summary plan description for your Plan for more complete information. You may obtain a copy of the summary plan description without charge from the Plan Administrator upon request.

Your Plan may offer different forms for payment of benefits, including a lump sum, partial distributions, installment payments or annuities. The written forms, or the telephone, internet or other electronic instructions used to process your benefit transaction, summarize the available distribution options under your Plan. However, Plan provisions often involve numerous or complex distribution options that may apply only in limited circumstances or only to limited groups of participants. Accordingly, it is often not possible to reflect all available distribution options in the forms and instructions used to process your transaction. You should consult the summary plan description for your Plan for details on the different forms for payment of benefits that are available to you.

You also have the right to defer receipt of your distribution from the Plan until your Plan's normal retirement age. Your Plan may also permit you to defer distribution to a later date. However, distributions generally must begin no later than April 1 following the year in which you reach age 72. You should consult the summary plan description for your Plan for details on your right to defer receipt of your distribution from the Plan. If your vested account balance is less than a threshold amount specified in your Plan (usually $5,000), your vested account balance may automatically be paid in a lump sum and you may not have the right to defer distributions. You should consult the summary plan description for your Plan for details on the payment of small account balances.

ACH Authorization

I hereby authorize Ameritas Life Insurance Corp. to initiate appropriate credit entries to my bank account indicated below, hereinafter called Bank.

Account Information

Account Holder Name: ____________________

Type of Account

Choose one: ☐ Checking Account ☐ Savings Account

Bank Information

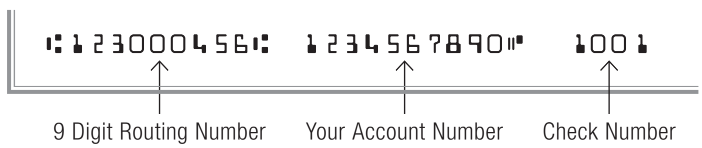
☐ ACH/EFT ☐ Wire

Bank Name: ____________________

Branch: ____________________

City: ____________________ State__________ ZIP__________

Bank Routing Number: ____________________ Account Number: ____________________



This agreement is to remain in full force and effect until Ameritas Life Insurance Corp. has received written notification from me of its termination in such time and manner as to afford Ameritas and the Bank a reasonable opportunity to act on it. I understand this authorization is for benefit payments from my Retirement Plan account.

X ____________________ ____________________
Signature of Account Holder Date

____
Print or Type Name

*Please contact your Financial Institution to verify the Wire Routing/ABA number. An additional fee will be assessed for all wire transfers.

Please attach a voided check for checking accounts.

Alternatively, you can provide a copy of your state-issued identification or driver’s license.

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