

# CARES Act Distribution Request



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 have been negatively impacted 1) by my diagnosis of the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19); 2) by my spouse or dependent's diagnosis of the virus SARS-CoV-2 or with COVID-19; or 3) financially due to being quarantined or otherwise unable to work due to furlough, lay-off, reduced hours, business closure, or lack of childcare.*

In-Service 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
<input type="checkbox"/> Check – U.S. Mail	\$0.00	Valid Address
<input type="checkbox"/> Check – FedEx Overnight	\$25.00	Valid Street Address Phone Number
<input type="checkbox"/> ACH	\$0.00	Complete Attached ACH Authorization
<input type="checkbox"/> Wire	\$25.00	Complete Attached ACH Authorization

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

Plan Name: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Vested Percentage: \_\_\_\_\_ %

**3. TPA to Complete** *(If applicable)*

Vested Percentage: \_\_\_\_\_% TPA Fee: \_\_\_\_\_

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

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**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](mailto:RPContact@ameritas.com) or fax to 402-467-7952.

### 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

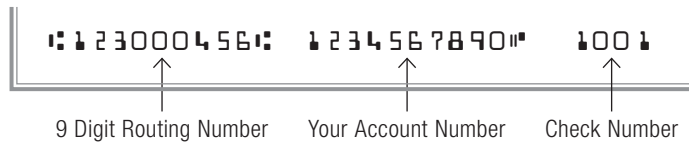
ACH/EFT  Wire

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** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
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, or  
a savings deposit slip for savings accounts.**

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

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