

COVID-19 Distribution Request

(Third Party Administrator)

Products and financial services provided by American United Life Insurance Company[®] (AUL) a OneAmerica[®] company
Administrative and recordkeeping services provided by McCready and Keene, Inc. or OneAmerica Retirement Services LLC, companies of OneAmerica



The Coronavirus Aid, Relief and Economic Security (CARES) Act, signed into law on March 27, 2020 creates a new penalty-free distribution available to a "qualified individual" who meets any one of the following:

- Has been diagnosed with the coronavirus, COVID-19 by a medical provider using a diagnostic test approved by the Centers for Disease Control and Prevention.
- Spouse or dependent has been diagnosed with coronavirus, COVID-19, by a medical provider using a diagnostic test approved by the Centers for Disease Control and Prevention.
- Has experienced an adverse financial impact due to quarantine, furlough, layoff, reduced work hours or inability to work due to issues with childcare related to coronavirus, COVID-19.
- Has faced other coronavirus, COVID-19-related factors as determined by the Secretary of the Treasury.

The coronavirus COVID-19 distribution by "qualified individuals" must be taken by December 31, 2020, and may not exceed \$100,000 for all coronavirus, COVID-19 withdrawals.

If you are a "qualified individual" and take a COVID-19 distribution, the Act provides that you will be able to pay income tax on the distribution over a three-year time span. You may also repay these distributions within three years, and for any portion repaid, the tax consequences of the initial distribution will be abated by the IRS. These repayments will not be subject to plan contribution limits.

1. Plan Information	
Please print using blue or black ink.	Plan Number _____ Plan Name _____

2. Participant Information	
Complete this section with your information.	For foreign addresses, visit www.irs.gov to determine if an additional tax form is required to receive your distribution.
	First Name _____ M.I. _____ Last Name _____
	Social Security (or Taxpayer ID) Number _____ Date of Birth _____
	Street Address _____
	Street Address _____
	City _____ State _____ Zip Code _____
	Telephone Number (including area code) _____ Email Address _____

3. Distribution Information	
Amount to be distributed:	\$ _____ <i>If left blank, maximum amount will be processed</i>

4. Tax Withholding

Federal Tax Withholding

For coronavirus, COVID-19 distributions, 10% federal tax withholding will be applied unless you elect otherwise.

- Please withhold _____%
 Please do NOT withhold federal tax.

State Tax Withholding

If you live in a state that requires state tax withholding if federal tax is withheld, then we will automatically withhold the mandatory amount for state taxes.

If state tax withholding is NOT required:

- Please withhold _____%
 Please do NOT withhold state tax.

5. Participant Signature

Participant signature is required.

I certify that I meet the requirements for the coronavirus, COVID-19 distribution for any of the following reasons:

- I have been diagnosed with the coronavirus, COVID-19 by a medical provider using a diagnostic test approved by the Centers for Disease Control and Prevention.
- My spouse or dependent is diagnosed with coronavirus, COVID-19, by a medical provider using a diagnostic test approved by the Centers for Disease Control and Prevention.
- I have experienced an adverse financial impact due to quarantine, furlough, layoff, reduced work hours or inability to work due to issues with childcare related to coronavirus, COVID-19.
- I have faced other coronavirus, COVID-19-related factors as determined by the Secretary of the Treasury.

I accept and assume any liability the plan may incur because of incorrect information I have provided. I understand the following:

The distribution is subject to income tax and that I may include in my gross income ratably over the next three tax years beginning with the tax year in which the withdrawal is made, as provided in the CARES Act.

I may repay all or any portion of my coronavirus-related withdrawal to this plan, or to another retirement plan or IRA that accepts rollovers, provided such repayment occurs within a three-year period beginning on the day following my receipt of the withdrawal.

The plan administrator and the companies of OneAmerica® (OneAmerica®), which includes American United Life Insurance Company®, McCready and Keene, Inc., and OneAmerica Retirement Services LLC, do not provide legal or tax advice, and I need to seek assistance from my own tax or financial advisor before requesting a coronavirus-related withdrawal from the plan.

The withdrawal will be taken on a proportionate basis from the funds I am currently invested in as allowed by the plan.

I authorize OneAmerica® to deposit all payments due me into the accounts identified in the sections above and discharge OneAmerica® from any further liability for any payments deposited to my account under this authorization. I also authorize OneAmerica® to initiate corrections, if necessary, to any amounts credited to my account in error. Any such payments shall be returned to OneAmerica® by the financial institution or bank if funds are available in my account or shall be returned to OneAmerica® by me, my estate or my heirs if the funds in my account are not sufficient to make the required correction. I understand that OneAmerica® may terminate its electronic fund transfer at any time and for any reason and may make payments by check instead. I further understand that liquidation of assets and distribution may not occur on the date this form is received, and, if any unusual or suspicious activity is suspected, liquidation and distribution may be delayed.

5. Participant Signature *(continued)*

Participant signature is required.

I certify that the information provided is complete and accurate to the best of my knowledge, that I received a copy of the **"Special Tax Notice Regarding Payments"**, and I am entitled to the distribution requested for the reason(s) indicated in the above sections.

Participant Printed Name

Participant Signature

Date

6. Financial Institution / Bank Information

If this section is not complete or your employer requests to have a check mailed directly to them, a check will be mailed instead of an ACH electronic funds transfer. For a Lump Sum Distribution this is your bank information. Information provided must be ACH electronic funds transfer NOT wire transfer instructions.

Financial Institution / Bank Information

- Checking Account
 Savings Account

Financial Institution / Bank Name

City

State / Zip Code

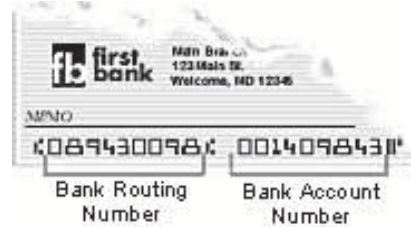
Bank Routing (ABA) Number

Must be 9 digits and cannot begin with 4, 5, 8, or 9

Bank Account Number

Account number cannot exceed 17 digits

Please obtain your routing number from a check if Checking Account was indicated above. If Savings Account was indicated, please obtain your routing number from a deposit slip. Routing numbers cannot begin with a "4, 5, 8 or 9". Please contact your bank for verification of your routing (ABA) number if it begins with one of these numbers.



7. Employer Information and Authorization

This section is not required for non-employer sponsored plans (IRA, Custodial TDAs, Orphan TDAs).

If your plan requires an employer signature, please provide all pages of this form to your employer.

Vesting must be provided for all recordkeeping only plans and plans using a TPA, excluding OneAlliance Plus plans.

The distribution will be processed based on the hours and vesting calculated in the recordkeeping system or as directed by the TPA/sponsor. If you need to change the vesting percentage, please update in the vesting percentage column below. If the participant is requesting a partial distribution, select the money types. If the participant is requesting a full distribution, all money types will be used.

Money Type	Select money type for the requested withdrawal.	Vesting Percentage
Employee Deferrals (Pretax)	<input type="checkbox"/>	100%
Employer	<input type="checkbox"/>	
Employer Match	<input type="checkbox"/>	
Profit Sharing	<input type="checkbox"/>	
Rollover (Pretax)	<input type="checkbox"/>	100%
Roth Deferrals/After Tax	<input type="checkbox"/>	100%
Roth Rollover/After Tax	<input type="checkbox"/>	100%
Safe Harbor Non-Elective/Match	<input type="checkbox"/>	100%
QNEC/QMAC	<input type="checkbox"/>	100%
Other: _____	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	

I certify that the information provided is complete and accurate and the request complies with the provisions of the Plan.

I further certify that the "**Special Tax Notice Regarding Payments**" was provided to the participant and that the separate "**Spousal Consent**" form, if applicable, has been properly executed and remains in the Employer Designated Representative's records.

I certify if necessary I have adjusted the coronavirus, COVID-19 distribution amount requested in Section 3, and further certify I have no actual knowledge contrary to the participant certifications.

OneAmerica® is hereby directed to initiate benefit payment as elected above.

Please send check to Employer's Designated Representative. Otherwise, payment will be sent directly to the participant.

Employer's Designated Representative Printed Name

Employer's Designated Representative Signature

Date