

Rollovers

LET US HELP YOU “GET IT TOGETHER”

Your employer’s qualified retirement plan is a great benefit, but only if you take advantage of it. Rollovers allow you to consolidate your retirement assets from multiple accounts to just one and are an important step toward turning dreams into reality.

Benefits of consolidating your retirement assets into your qualified retirement plan include:

- One easy-to-read participant statement—just imagine, no more hassles tracking multiple statements!
- As a direct rollover into your qualified retirement plan account you should not incur IRS penalties, since generally, the money is not considered taxable income until it is withdrawn as a cash payment.
- A team of experienced financial professionals continually evaluates the performance of the funds offered under our products.

Our Rollover Assistance Program is available to help you complete your rollover request.

How it Works:

- Complete a Qualified Rollover Request form (on the reverse side of this page) and submit it to the Rollover Assistance Program. This allows a rollover specialist to assist with your rollover and track its status.
- Ask your prior employer or IRA financial institution for distribution forms. Many financial institutions require that you complete their forms to request a rollover.
- If you complete paperwork elect a “direct rollover into a qualified plan” with the check made payable to:
Ameritas Life Insurance Corp
Retirement Plans Division
FBO – Your Name – Contract # **
PO Box 385017
Birmingham, AL 35238-5017
**Your current employer’s contract number (located in the lower right corner of the Qualified Rollover Request form on the reverse side) should be referenced on the rollover check.
- A Rollover Specialist can assist you with your rollover and answer any questions. Call **(800) 277-9739** or email: **rollover@ameritas.com** for more information.

Your completed Qualified Rollover Request form can be returned by mail to PO Box 385017, Birmingham, AL 35238-5017, faxed to (402) 467-7952 or returned by email to rollover@ameritas.com

QUALIFIED ROLLOVER REQUEST FORM

Step 1: Personal Information

Name (Last)	Name (First)	Name (MI)	Social Security Number	
Address		City	State	ZIP
Daytime Phone Number	Date of Birth	Email Address (if available)		

Step 2: Prior Financial Institution

Name	Account Number	Telephone Number		
Address		City	State	ZIP

Step 3: Eligible Plans

For purposes of this form, "Qualified Plan" means a qualified pension, profit sharing, 401(k), governmental 401(a) or stock bonus plan. "Section 403(b) Plan" means a tax-sheltered annuity under IRS code section 403(b). "IRA" means an Individual Retirement Account/Annuity and "SEP" means a Simplified Employee Pension Plan. "Governmental 457(b) Plan" means a 457(b) deferred compensation plan sponsored by a state or local government entity.

Please check the type of plan that you are rolling over from:

- Qualified Retirement Plan
- Traditional IRA or SEP
- Governmental 457(b) Plan
- 403(b) tax sheltered annuity
- Simple IRA—Origination Date _____
(Eligible only after 2 yrs of enrollment in the SIMPLE IRA)

I elect to transfer 100% of my current balance to my qualified retirement plan account.

The rollover is assumed to be a pre-tax distribution unless specified below:

Amount of Roth After-Tax Contributions (i.e., basis)	\$ _____
Amount of non-Roth After-Tax Contributions (i.e., basis)	\$ _____
Amount of Earnings on Roth After-Tax	\$ _____
Year 1st Roth After-Tax Contribution was made	_____

If you have not selected investment allocations for your retirement account, funds will be applied to the plan's default selection. To choose investment allocations please contact your employer.

Step 4: Request Rollover from Prior Financial Institution

<ul style="list-style-type: none"> Contact the financial institution that currently holds your retirement funds to request the rollover and determine any additional transfer requirements. Instruct them to complete the rollover check as follows: The check must be made payable to: Ameritas Life Insurance Corp. Retirement Plans Division FBO (your name) – Contract # PO Box 385017 Birmingham, AL 35238-5017 	<p>If your financial institution sends the check to you please mail this completed form with your check.</p> <p>If you have questions or would like assistance in contacting the financial institution to obtain your rollover funds, please call our Participant Contact Center at 1-800-277-9739.</p>
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By completing and signing this form, I understand that I am irrevocably designating the amount of the rollover as a rollover contribution. I also certify that this amount is qualified for rollover treatment, as it meets the rollover rules listed above. All rollover contribution amounts will be allocated according to the current investment allocation percentages in effect at the time the rollover contribution is received. If a valid investment selection is not on file, the rollover contribution will be invested in the default account selected by the plan. I understand this rollover contribution will become part of my qualified plan account balance and subject to the rules and terms of the plan. I understand that I must provide after-tax basis information, if applicable, regarding my rollover. If this information is not provided, I understand all of the rollover will be treated as pre-tax dollars.

Due to numerous restrictions and important tax consequences related to rollovers, I understand that it is advisable to confer with my attorney or tax advisor prior to initiating such a transaction. I understand that once this rollover is made, it is irrevocable. I understand that my present financial institution may assess penalties for early investment withdrawal. I will assume full responsibility for any adverse consequences relating to this rollover contribution, and I agree that Ameritas Life Insurance Corp. (Ameritas) shall in no way be responsible for those consequences. I, the undersigned, request and direct the present financial institution named above to liquidate and transfer in cash the assets of the above account to Ameritas.

By signing below, I authorize Ameritas to discuss the rollover of my account at the financial institution referenced in step 2 of this form to my plan at Ameritas.

Participant's Signature: _____ Date: _____

Ameritas agrees to accept the funds from the above referenced account as a direct rollover to a qualified retirement plan.