



Partners in Retirement Solutions

4333 Edgewood Road NE
Cedar Rapids, IA 52499
800-755-5803
Ext 1203424
divinvest.com

Annuity Election

Instructions

To elect an annuity, complete all applicable sections of this form, obtain any required signatures, and return the form to Diversified at the above address. The following documentation is required: proof of age (e.g. copy of birth certificate, driver's license), W-4P tax form, and proof of age of beneficiary (if Joint and Survivor Annuity option is chosen).

Section A. Employer Information

Company/Employer Name

Contract/Account No. Affiliate No. Division No.

Section B. Participant Information

Social Security No. Date of Birth

First Name/Middle Initial Last Name

Mailing Address

City State Zip Code

Phone No. Ext.

E-mail Address

Marital Status: Married Single/Divorced

Section C. Distribution Information

Do not use this form to elect a Lock-In Date and begin withdrawals of the guaranteed income amount under SecurePath for Life.

Availability of the following options may depend on plan provisions.

- Life Annuity
- Life Annuity ____ years period certain (*period cannot be less than 5 years or exceed IRS single life expectancy*)
- Period Certain ____ years (*period cannot be less than 5 years or exceed IRS single life expectancy*)
- Joint and Survivor Annuity with _____% benefit to spousal beneficiary (*minimum 50%*)

Annuity Commencement Date (MM-DD-YYYY) All payments are issued on the first day of the appropriate month(s) that occur during the annuity payout period, based on the payment frequency elected below.

Payment frequency: Monthly Quarterly Semi-Annual Annual

Section D. Beneficiary Information

This designation will apply to the account number above and will update any prior beneficiary designation. You must designate a specific percentage for each beneficiary. Shares must be whole percentages and total 100%. If you do not indicate shares, benefits will be split equally among surviving beneficiaries. If the named beneficiary is a trust, please specify the name and date of the trust, and the name of the trustee.

Primary Beneficiary(ies) - Will receive benefits in the event of your death

Share of Benefits:	<input type="text"/>	% (whole percentages only)	Relationship	<input type="text"/>
Last Name	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>	
First Name/Middle Initial	<input type="text"/>	Social Security No.	<input type="text"/>	
Mailing Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code <input type="text"/>

Share of Benefits:	<input type="text"/>	% (whole percentages only)	Relationship	<input type="text"/>
Last Name	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>	
First Name/Middle Initial	<input type="text"/>	Social Security No.	<input type="text"/>	
Mailing Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code <input type="text"/>

Contingent Beneficiary(ies) - Will receive benefits if no primary beneficiary is living at the time of your death

Share of Benefits:	<input type="text"/>	% (whole percentages only)	Relationship	<input type="text"/>
Last Name	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>	
First Name/Middle Initial	<input type="text"/>	Social Security No.	<input type="text"/>	
Mailing Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code <input type="text"/>

Contingent Beneficiary(ies) Continued

Share of Benefits: % (whole percentages only)

Relationship

Last Name

Date of Birth (mm/dd/yyyy)

First Name/Middle Initial

Social Security No.

Mailing Address

City

State

Zip Code

Section E. Participant Signature

Please note: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim from a group annuity contract issued in New York, containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation. States other than New York also have insurance fraud statutes, which impose penalties for any violation thereof.

For Married Participants: If I have elected an annuity option other than a Joint and Survivor Annuity, I hereby elect to waive qualified joint and survivor benefits (if applicable) with respect to the amount I have requested to be withdrawn from the plan. I understand that such waiver (if applicable) is not effective unless I obtain the written consent of my spouse, witnessed by my Plan Administrator or a Notary Public.

For All Participants: I understand that these annuity options are offered by Transamerica Financial Life Insurance Company, 440 Mamaroneck Avenue, Harrison, NY 10528. If I hold an investment in SecurePath for Life, I have received and read the Special Notice to SecurePath for Life Pa . I certify that the information provided on this form is correct and complete.

X _____

Participant Signature

X _____

Date

X _____

Print Name

X _____

Social Security Number

Please complete page 4, if applicable.

Section F. Spousal Consent (if participant is married)

To be signed by spouse if participant has designated a non-spouse primary beneficiary:

I consent to my spouse's beneficiary designation. I understand that my consent is irrevocable unless my spouse changes his/her beneficiary designation, in which event my spouse must obtain my written consent to such change.

To be signed by spouse if participant has elected an annuity option other than a Joint and Survivor Annuity:

I consent to my spouse's waiver of joint and survivorship benefits (if applicable) with respect to the amount to be withdrawn from this plan as requested by my spouse. I understand that this consent means that I will not receive any survivor benefits (if applicable) under this plan upon my spouse's death with respect to this amount. I understand that I do not have to consent to the waiver of this qualified joint and survivor annuity coverage (if applicable), however, if I do consent by signing below, I may not revoke my consent.

Notice regarding faxed Notarized Documents for Married Participants: Diversified will accept faxed documents for gross distribution requests of less than \$50,000, provided that where spousal consent is also required, the spouse's signature must be duly witnessed by a notary using his/her notarial stamp. (A "gross distribution" is the amount of the requested withdrawal prior to deduction of any tax withholding.)

For gross distribution requests: (a) of \$50,000 or more or (b) involving notarized spousal consents that do not show the notary's stamp - either because the notary's state/district does not permit use of a notarial stamp (e.g., Alabama, Washington, DC) or for any other reason permissible by the notary's state - original documents must be mailed, not faxed.

X _____

Spouse Signature

WITNESSED

X _____

Date

X _____

Plan Administrator or Notary Public Signature and Stamp/Seal

X _____

Date

Section G. Plan Administrator Signature

I certify that this transaction is permissible under the provisions of the plan and complies with current regulations, that any required consents and waivers have been obtained, and that the information provided on this form is correct and complete.

X _____

Plan Administrator Signature

X _____

Date

If you have questions regarding the completion of this form, please call Diversified at 800-755-5803 X1203424.

Return your completed form(s) to:

Diversified
4333 Edgewood Road NE
Mail Drop 0001
Cedar Rapids, IA 52499

Or

-592-4540.

If you are currently married, please see Section F. for any restrictions on faxing in notarized forms.



4333 Edgewood Road NE
Cedar Rapids, IA 52499
800-755-5801
divinvest.com

Payment Options

Instructions: A completed withdrawal request form is required in addition to the Payment Options form.

Please note that some Plan Administrators have provided instructions to Diversified that all loan or distribution checks must be mailed directly to the employer for delivery to you. In such cases, this form cannot be used.

There are three options:

1. **Direct Deposit** into your bank account, at no cost. Complete Section C to elect this option.
2. **Overnight mail delivery**, at your expense (generally \$20 to \$38 depending on location and type of service requested). Complete Section D to elect this option.
3. **Wire transfer for direct rollovers or transfers to another institution (\$5,000 minimum)**. Complete Section E to elect this option.

Section A. Employer Information

Company/Employer Name	FLINT PLUMBING AND PIPEFITTING INDUSTRY		
Contract/Account No.	UN62019	Affiliate No.	00001
		Division No.	

Section B. Participant Information

Social Security No.		Date of Birth	
		(mm/dd/yyyy)	
First Name/Middle Initial		Last Name	

For scheduled recurring payments, please choose one option below:

- Initial request for direct deposit
 Change of account
 Discontinuance of direct deposit (all future payments will be mailed)

Section C. Direct Deposit (ACH) to Your Bank Account (option not available for loans or direct rollovers)

Direct deposit may be used for distributions payable to you. This is an electronic transfer of funds sent directly to your bank account, at no cost to you. After Diversified receives all required documentation and approvals, the transaction will be processed and the funds will generally be forwarded to your bank within two business days of the withdrawal from your account. Check with your bank to confirm the funds have been credited to your account.

- Checking Account
 Savings Account

Available for distributions only.

Important: You must attach one of the following:

- A voided check (must have name and address pre-printed)
- A deposit slip with pre-printed account information (must have name and address pre-printed),
- Letter from your bank on bank letterhead (including your notarized signature and full name, account number, and bank routing number).

Note: This can only be deposited into your account or an account with your name on it (the name on the bank account must match the name on your Diversified account). If proper documentation is handwritten, not legible or is not attached, Diversified will mail a check by standard post office delivery.

Please confirm the ABA number and account number with your bank, as the numbers on your check or pre-printed deposit slip may be incorrect for direct deposit resulting in the funds being returned to Diversified. If the funds are returned to Diversified a check will be mailed to the address on file.

I authorize this transaction. If I a

. I certify that the indicated account is with a bank and is held in my name and the information provided on this form is correct and complete.

X _____ **X** _____ **X** _____
Participant Signature **Date** **Social Security Number**

Section D. Overnight Mail Delivery from United Parcel Service (UPS)

These charges cannot be deducted from your Diversified account or from the requested loan or distribution amount. Overnight mail delivery may be used for loans or distributions payable to you, or to an institution for a direct rollover or transfer. A check will be released for overnight delivery within seven (7) calendar days from the date that Diversified receives all required documentation and approvals. If the rollover or transfer is greater than \$250,000, we recommend a wire transfer (see Section E).

Please choose applicable withdrawal type: Distribution (payable to participant) Direct Rollover to new provider

A signature may be required by UPS upon delivery to the address you provide.

T _____ (UPS will not deliver to a PO Box)

Credit Card information to be provided to UPS for the next day delivery: (If credit card information is not provided, Diversified will mail a check by standard post office delivery.)

Type of Card Mastercard Visa (No others accepted)

Credit Card No. _____

Security Code _____ (from the reverse side of card) Expiration Date _____

Saturday delivery Yes No (If available in your area)

If the mailing address to which this check will be delivered is the same as the credit card billing address, please check the box below. If the addresses are different, please indicate the credit card billing address; otherwise the check will be sent by regular mail.

Mailing address is the same as the billing address.

I certify that the information provided on this form is correct and complete.

X
Participant Signature

X
Date

X
Social Security Number

Section E. Wire Transfers (option not available for loans or amounts under \$5,000)

This option is available for direct rollovers or plan transfers of at least \$5,000. Any amount less than \$5,000 will be processed in the form of a check.

ABA No. | |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Bank Name _____

Institution Name (Rollover Company) _____

Institution Address _____

Bank Account No. _____

“Further Credit To” _____

Important: Because a bank receiving wire transfer funds does not verify with Diversified the identity of the account holder (the account number you indicate on this form), in order to protect you and your retirement plan against fraudulent withdrawals from your account, your signature must be notarized.

I certify that the indicated account is held in my name and the information provided on this form is correct and complete.

X _____
Participant Signature

X _____
Date

X _____
Print Name

Certificate of Acknowledgement

State of _____ County of _____

On _____ (notary date), before me, _____ (notary name printed),

personally appeared, _____ (pa _____)

personally known to me -- OR --

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/a _____ /she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

WITNESS my hand and official seal

X _____
Notary Public Signature and Stamp/Seal

X _____
Date