



DIVERSIFIED INVESTMENT ADVISORS
4333 Edgewood Road NW, Cedar Rapids, IA 52499
916-793-5801
www.dinvest.com

Direct Rollover Request

Instructions

To request a direct rollover to an IRA or an eligible retirement plan, complete all applicable sections of this form, obtain any required signatures, and return the form to Diversified at the above address. For rollovers to multiple financial institutions, complete a separate form for each institution. For further information, please refer to the Special Tax Notice Regarding Plan Payments or your Summary Plan Description, or contact your Plan Administrator.

SECTION A. Employer Information

Company/Employer Name, Comm/Account No., Affiliate No., Division No.

SECTION B. Participant Information

Social Security No., Date of Birth (MM-DD-YYYY), E-Mail Address, Last Name, First Name/Middle Initial, Mailing Address/Apt. No., Phone No., Ext. (if any), City, State, Zip Code, Marital Status (Married, Single/Divorced)

SECTION C. Rollover Information

Rollover Options

- Reason for rollover: Termination of employment, Retirement, Age 59 1/2, Pre-age 59 1/2 In-service withdrawal (if plan allows)
Full Rollover - Roll over my entire account, including the portion attributable to after-tax contributions.
Partial/Combination Rollover

Pre-tax Contributions:

- 100% or \$
For any remainder:
Distribute to me
Leave funds on deposit (if plan allows)

After-tax Contributions:

- 100% or \$
For any remainder:
Distribute to me
Leave funds on deposit (if plan allows)

Rollover Contributions:

- 100% or \$
For any remainder:
Distribute to me
Leave funds on deposit (if plan allows)

Note: If you are still employed, all of the above rollover options may not be available. Please refer to your Summary Plan Description or contact your Plan Administrator for additional information.

Type of Rollover

Roll over to:

- Diversified IRA (proceed to Section D., also complete Traditional IRA Enrollment Application and Adoption Agreement, Form No. 3025-TN)
Traditional IRA with another financial institution
Eligible retirement plan (e.g., qualified plan, 403(b) program or governmental 457(b) plan) (Note: After-tax contributions can only be rolled over to another qualified plan or an IRA.)

IRA/Plan Provider Name, IRA/Plan Provider Address, IRA/Plan Account No., IRA/Plan Provider Contact Name/Phone No.

Payment Options

- Check
Wire transfer (Complete information below only if wire transfer option is selected. Option available only for lump sum or partial distribution of at least \$5,000. Any distribution less than \$5,000 will be processed in the form of a check.)

ABA No., Institution Name, Account Name, Account No.

"Further Credit To" Institution Name
(For wire to credit union or overseas bank, call Diversified for additional information.)

Note: If one of the above payment options is not selected, this rollover distribution will be processed in the form of a check.

SECTION D. Outstanding Loan Options (if applicable)

For any outstanding loan(s) at the time of my termination of employment, I elect to:

- Pay off the loan(s). (Call Diversified to verify loan payoff amount and procedure prior to submitting this form.)
- Roll over loan balance to new plan provider, if allowed by both the current and new plan.
- Default the loan(s). I understand that a taxable distribution will be reported to the IRS as indicated in the Special Tax Notice Regarding Plan Payments.

Note: If one of the above options is not selected, any outstanding loan(s) will be automatically defaulted in accordance with federal regulations.

SECTION E. Tax Withholding (if applicable)

The direct rollover of your entire account balance is not subject to federal or state tax withholding. In the event that a portion of your account is distributed in a single sum and has not previously been taxed, or if you default on your outstanding loan, the following tax withholding applies:

Federal Income Tax Withholding - 20% mandatory tax withholding applies.

State Income Tax Withholding - Withholding is mandatory in some states. Other states allow an independent election and in these states, state tax will be withheld unless you elect otherwise. Do not withhold state income tax (if independent election is permitted).

SECTION F. Participant Signature

For Married Participants: I elect to waive qualified joint and survivor benefits (if applicable) with respect to the amount to be withdrawn from the plan. I understand that this waiver is not effective without the written consent (if applicable) of my spouse, witnessed by my Plan Administrator or a Notary Public.

For All Participants: I represent that the receiving plan will accept this direct rollover on my behalf and is an eligible retirement plan permitted by law to receive eligible rollover distributions. I understand that if I am a non-spouse beneficiary, I may not roll over this account. I certify that the information provided on this form is correct.

X _____
Participant Signature Date Print Name and Social Security Number

SECTION G. Spousal Consent (if applicable)

I consent to my spouse's waiver of joint and survivorship benefits with respect to the amount to be withdrawn from the plan. I understand that this consent means that I will not receive any survivor benefits 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, however, if I do consent by signing below, I may not revoke my consent.

WITNESSED

X _____ X _____
Spouse Signature Date Plan Administrator Signature or Notary Public Signature and Stamp/Seal Date

SECTION H. Plan Administrator Information and Signature

Vested %: _____ Employment status: Active Terminated _____ Retired _____
Termination Date Retirement Date

Have all contributions been remitted? Yes No

Period end date of final contribution _____ (Processing will be delayed until final contribution is received.)

Note: This direct rollover request cannot be processed unless all applicable sections of this form have been completed.

I certify that the distributing plan meets any applicable regulatory requirements, that this rollover distribution constitutes an eligible rollover distribution, that this transaction is permissible under the provisions of the plan, 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 Date



DIVERSIFIED INVESTMENT ADVISORS
4333 Englewood Road MD, Cedar Rapids, IA 52499
800-755-5801
www.diversinvest.com

Distribution Request Termination of Employment/Retirement

Instructions

To request a distribution, complete all applicable sections of this form, obtain any required signatures, and return the form to Diversified at the above address. Do not use this form to request a direct rollover to an IRA or an eligible retirement plan; instead complete a Direct Rollover Request (Form No. 2214), and a Traditional IRA Enrollment Application and Adoption Agreement (Form No. 3025-TN) if rolling over to a Diversified IRA.

SECTION A. Employer Information

Company/Employer Name	Contract/Account No.	Affiliate No.	Division No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION B. Participant Information

Social Security No.	Date of Birth (MM-DD-YYYY)	E Mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name/Middle Initial	
<input type="text"/>	<input type="text"/>	
Mailing Address/Apt. No.	Phone No.	Ext. (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Marital Status	
	<input type="checkbox"/> Married <input type="checkbox"/> Single/Divorced	

SECTION C. Distribution Information

Reason for distribution: Termination of employment Retirement

Amount of distribution: 100% or \$ _____, remainder to be: Left on deposit Other _____

Distribution Options

<input type="checkbox"/> Leave funds on deposit	<input type="checkbox"/> Flexible Distribution Options (available if leaving funds on deposit or rolling over to Diversified IRA)
<input type="checkbox"/> Purchase annuity (also complete Annuity Election, Form No. 2223)	<input type="checkbox"/> Fixed Payment \$ _____ (amount)
<input type="checkbox"/> Lump sum distribution	<input type="checkbox"/> Fixed Payment over _____ years
<input type="checkbox"/> Partial distribution	<input type="checkbox"/> Life Expectancy <input type="checkbox"/> Single <input type="checkbox"/> Joint (proof of spouse's age required)
<input type="checkbox"/> In-kind distribution of any employer stock (distribution will be in full shares only; partial shares will be paid in cash)	Payment commencement month: _____
	Payment frequency:
	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual

Note: Please refer to your Summary Plan Description or contact your Plan Administrator for more information regarding the distribution options that are available under the plan.

Payment Options

Check Wire transfer (Complete information below only if wire transfer option is selected. Option available only for lump sum or partial distribution of at least \$5,000. Any distribution less than \$5,000 will be processed in the form of a check.)

ABA No.

Institution Name

Account Name

Account No.

"Further Credit To" Institution Name

(For wire to credit union or overseas bank, call Diversified for additional information.)

Note: If one of the above payment options is not selected, this distribution will be processed in the form of a check.

SECTION D. Outstanding Loan Options (if applicable)

For any outstanding loan(s) at the time of my termination of employment/retirement, I elect to:

Pay off the loan(s). (Call Diversified to verify loan payoff amount and procedure prior to submitting this form.)

Continue loan repayments via loan coupons. (Available if funds are left on deposit and if allowed by the plan. Call Diversified for further information.)

Default the loan(s). I understand that a taxable distribution will be reported to the IRS as indicated in the Special Tax Notice Regarding Plan Payments.

Note: If one of the above options is not selected, any outstanding loan(s) will be automatically defaulted in accordance with federal regulations.

SECTION E. Tax Withholding Election

Mandatory Federal Income Tax Withholding - If this distribution is an eligible rollover distribution, it is subject to 20% mandatory federal income tax withholding unless paid as a direct rollover to an eligible retirement plan or IRA.

Optional Federal Income Tax Withholding - If this distribution is not an eligible rollover distribution, 10% federal income tax will be withheld unless you elect otherwise. If this distribution is subject to the 20% mandatory federal income tax withholding, do not check below since it does not apply.

Do not withhold 10% optional federal income tax

State Income Tax Withholding - Withholding is mandatory in some states. Other states allow an independent election and in these states, state tax will be withheld unless you elect otherwise.

Do not withhold state income tax (if independent election is permitted)

SECTION F. Participant Signature

For Married Participants: I elect to waive qualified joint and survivor benefits (if applicable) with respect to the amount to be withdrawn from the plan. I understand that this waiver is not effective without the written consent (if applicable) of my spouse, witnessed by my Plan Administrator or a Notary Public.

For All Participants: I understand that I may have to report this distribution to the IRS and pay appropriate income taxes on the taxable portion not rolled over. I have received and read the Special Tax Notice Regarding Plan Payments. I certify that the information provided on this form is correct.

X

Participant Signature

Date

Print Name and Social Security Number

SECTION G. Spousal Consent (if applicable)

I consent to my spouse's waiver of joint and survivorship benefits with respect to the amount to be withdrawn from the plan. I understand that this consent means that I will not receive any survivor benefits 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, however, if I do consent by signing below, I may not revoke my consent.

WITNESSED

X

Spouse Signature

Date

X

Plan Administrator Signature or Notary Public Signature and Stamp/Seal

Date

SECTION H. Plan Administrator Information and Signature

Vested %: _____

Employment status:

Terminated _____
Termination Date

Retired _____
Retirement Date

Have all contributions been remitted? Yes No

Period end date of final contribution _____ (Processing will be delayed until final contribution is received.)

Note: This distribution request cannot be processed unless all applicable sections of this form have been completed.

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

X

Plan Administrator Signature

Date