

Direct Transfers and Rollovers

American United Life Insurance Company®
Retirement Services Division, 1208W
P.O. Box 368
Indianapolis, IN 46206-0368
1-800-348-6229



This form is to be used to transfer funds to AUL from other carriers/custodians. When completed, please forward to AUL at the above address.

I, _____, request that a direct

- transfer from a Traditional (Regular), Rollover, or SEP IRA
- 90-24 transfer from an Internal Revenue Code (Code) Section 403(b) Tax Deferred Annuity (TDA) (available only for Code Section 403(b) TDA to Code Section 403(b) TDA transfers)
- rollover from a Code Section 403(b) TDA
- rollover from a Code Section 401(a) qualified plan (including profit-sharing plan, 401(k) plan, and money purchase plan)
- rollover from a governmental Code Section 457(b) plan

be made from my account/contract # _____ in the amount of \$ _____ or _____ % with

Current carrier/custodian: _____ Phone: (_____) _____

Street address: _____

City, state, zip: _____

This Transfer/Rollover is (Please Check)

- Pre Tax Dollars Only After Tax Dollars Only Both Pre and After Tax Dollars

I request payment be sent, along with a copy of this form, to:

American United Life Insurance Company®
P.O. Box 5771
Chicago, IL 60686-0057

Please Complete

\$ _____ Pre Tax Dollars
\$ _____ After Tax Dollars
\$ _____ After Tax Earnings
\$ _____ Total Transfer/Rollover

This transaction is intended to qualify as a direct transfer/rollover and therefore to not constitute actual or constructive receipt for Federal income tax purposes.

This document will also act as a letter of acceptance from American United Life Insurance Company® and verification that these funds will be deposited into a qualified-

- Code Section 403(b) Tax Deferred Annuity (TDA)
(Current carrier/custodian - Please provide the following:
12/31/86 Balance \$ _____ 12/31/88 Balance \$ _____).
- IRA
- Governmental Code Section 457(b) plan

The transfer will be deposited into contract number: _____

Dated this _____ day of _____, 200_____.

Participant's Signature

xxx - xx - _____

(Last 4 Digits of Social Security Number)

Vice President

Retirement Services Division
American United Life Insurance Company®

For questions regarding this form, call AUL Participant Retirement Services at 1-800-348-6229.

Printed Name and Phone # of
AUL Registered Representative: _____ Phone: (_____) _____

Direct Rollover Authorization Letter

THIS FORM SHOULD BE USED TO INITIATE A TRANSFER OF ASSETS TO YOUR AUL RETIREMENT PLAN

Products and financial services provided by American United Life Insurance Company* a ONEAMERICA® company One American Square, P.O. Box 368 Indianapolis, IN 46206-0368 (317) 285-1877



To initiate a transfer, please complete the steps below:

- Check with your current employer to see if rollovers into the AUL plan are permitted.
- Check with your prior carrier for any additional paperwork required to complete the transfer (processing time may vary by carrier).
- Complete the information below and mail to AUL: P.O. Box 368, Indianapolis, IN 46206-0368.

For questions on the transfer process, please contact us at 1-800-348-6229, prompt #2.

To: Prior Employer or IRA Provider

_____ Name of Prior Employer or IRA Provider	_____ Prior Plan Number / IRA Account Number
_____ Attention Person	_____ Employee's Name (Please Print)
_____ Street Address	_____ Employee's Social Security Number
_____ City/State/Zip	_____ \$ Amount of Transfer

I wish to direct the rollover of my retirement account(s) to United Cerebral Palsy of Greater Sacramento 403(b) Plan funded by plan number G74995 at AUL Retirement Services. I am aware of any fees/penalties that may result from withdrawal of said assets.

Please liquidate promptly all assets of my account and directly roll over the **taxable proceeds** (pre-tax monies) payable to:

TRUSTEE OF United Cerebral Palsy of Greater Sacramento 403(b) Plan, for benefit of _____,
plan number G74995 (Employee Name)

This check should be mailed to: **American United Life Insurance Company®**
P.O. Box 5771
Chicago, IL 60686-0057

Please send a final statement of my account reflecting this distribution and make the check for the **non-taxable proceeds** (after-tax monies), if any, payable to:

Employee Name: _____
 Employee's Address: _____
 City/State/Zip: _____

NOTE: If rolling over governmental 457 money, you may now be subject to the 10% premature payment penalty.

Employee's Signature Date

Direct Rollover Authorization Letter

THIS FORM SHOULD BE USED
TO INITIATE A TRANSFER OF ASSETS
TO YOUR AUL RETIREMENT PLAN

Products and financial services
American United Life Insurance Company
a ONEAMERICA® company
One American Square, P.O. Box 368
Indianapolis, IN 46206-0368
(317) 285-1877

Roll!
ONEAMERICA

STEP 4

To initiate a transfer, please complete the steps below:

- Check with your current employer to see if rollovers into the AUL plan are permitted.
- Check with your prior carrier for any additional paperwork required to complete the transfer (processing time may vary by carrier)
- Complete the information below and mail to AUL: P.O. Box 368, Indianapolis, IN 46206-0368.

For questions on the transfer process, please contact us at 1-800-348-6229, prompt #2.

To: Prior Employer or IRA Provider

_____ Name of Prior Employer or IRA Provider	_____ Prior Plan Number / IRA Account Number
_____ Attention Person	_____ Employee's Name (Please Print)
_____ Street Address	_____ Employee's Social Security Number
_____ City/State/Zip	_____ \$ Amount of Transfer

I wish to direct the rollover of my retirement account(s) to _____ (AUL Plan Name)
funded by plan # _____ at AUL Retirement Services. I am aware of any fees/penalties that may
result from withdrawal of said assets.

Please liquidate promptly all assets of my account and directly roll over the **taxable proceeds** (pre-tax monies)
payable to:

TRUSTEE of _____, for benefit of _____, plan number _____
AUL Plan Name Employee Name

This check should be mailed to: **American United Life Insurance Company®**
P.O. Box 5771
Chicago, IL 60686

Please send a final statement of my account reflecting this distribution and make the check for the **non-taxable**
proceeds (after-tax monies), if any, payable to:

Employee Name: _____

Employee's Address: _____

City/State/Zip: _____

NOTE: If rolling over governmental 457 money, you may now be subject to the 10% premature payment penalty.

Employee's Signature Date