

SOUTH CENTRAL ANNUITY FUND
8441 Gulf Fwy Ste 304
Houston, TX77017
Tel: 713-643-9300 Toll Free: 866-236-3148
Fax: 866-316-4794

Instructions:

- Print all information in black ink.
- Read and discuss the tax information with your tax advisor.
- Sign and date application before a Notary Public.
- Attach a copy of your birth certificate or driver's license.

ALTERNATE PAYEE'S WITHDRAWAL APPLICATION

Alternate Payee's Name _____ Soc Sec No _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Date of Birth _____ *(attach copy of Driver's License or Birth Cert)* Home Telephone _____

Participant's Name _____ Soc Sec No _____
(Last) (First) (Middle)

ELECTION OR REJECTION OF DIRECT ROLLOVER TO AN IRA OR RETIREMENT PLAN

Attention: Before completing this form read the attached Special Tax Notice Regarding Plan Payments carefully. You may also wish to consult with your professional tax advisor before making this election.

If you choose **not** to have an eligible rollover distribution transferred directly to an IRA or other retirement plan, the Plan is required to withhold 20% of the payment for Federal income taxes. This withholding does not increase your taxes; but will be credited against any income tax you owe.

If your benefit is more than \$5,000, you may choose to have only part of the payment directly rolled over and to have the rest paid to you. Withholding will be taken out of any part that is not directly rolled over. If you want to have only part of your payment directly rolled over, please tell us the amount (at least \$5,000) that you would like to roll over under item 3 below.

Check one of the following payment options:

1. I do not want to rollover any part of my lump sum payment to an IRA or other qualified retirement plan. Pay me the full amount of my benefits after withholding 20% for Federal income taxes as required by law.
2. Partial Lump Sum Payment in the amount of \$ _____
(Partial payments may not be made more frequently than once in a Plan year.)
3. I want to rollover my lump sum payment direct to: _____
4. Rollover \$ _____ to the IRA or qualified retirement plan named below and pay the remainder of my benefit to me after withholding 20% for Federal income taxes.

If you elect a direct rollover, you must provide all of the following information. No direct rollover can be made without this information.

- A. _____ The Traditional IRA named below; or
- B. _____ The qualified retirement plan named below which accepts rollovers. Sections(s) _____ of the Internal Revenue Code apply to the plan.

Name of IRA Trustee or Qualified Retirement Plan _____
Address _____
Your Account No _____ Contact Name and Telephone No _____

APPLICANT'S CERTIFICATION

I certify that the information I have provided, and any additional information submitted with this application for withdrawal is true and complete to the best of my knowledge and belief.

I hereby certify that I have read the "Special Tax Notice Regarding Plan Payments" and have made the elections of my own free will. I understand that, if I have selected a rollover to a Traditional IRA or qualified retirement plan which accepts rollovers, payment of my benefits to the trustee of the IRA or qualified retirement plan will release the Trustees of the South Central Annuity Fund from any further obligation or responsibility with respect to the benefits paid.

Alternate Payee _____

State of _____
County of _____

Before me, a Notary Public, on this day personally appeared _____
known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same.

Given under my hand and seal of office this _____ day of _____ 20_____

Notary Public _____
My commission expires _____