

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 / Phone #

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 proceeds 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 60686-0057

Please send a final statement of my account reflecting this distribution 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