



MidAmerica

Administrative & Retirement Solutions, Inc.
402 S. Kentucky Ave., Suite 500, Lakeland, FL 33801
866.873.4240 / (FAX) 863.688.4466
www.midamerica.biz

403(b) and 457 Retirement Savings Plan

DATE STAMP

Questions? Call our Service Center at 1-866-873-4240

TRANSACTION ROUTING FORM

To facilitate your request, this form must accompany any contract exchange, rollover, distribution, or loan request paperwork provided by your 403(b) or 457(b) investment provider.

I am returning additional information for a previously submitted request.

Employee Data – ALL FIELDS REQUIRED

Employer Name: _____

Name: _____ Social Security #: _____ Date of Birth: _____
(First, MI, Last)

Address: _____
(Street / PO Box) (Apt. #) (City, State Zip)

Daytime Phone #: _____ Evening Phone #: _____ Email: _____

Agent Name: _____ Agent Phone Number: _____

Transaction Information – Please select transaction type

403(b) Contract Exchange You must be employed with the employer listed above and the receiving investment provider must be approved on your employer's 403(b) Plan.

I am transferring my 403(b) account from _____ to _____
(Current Investment Provider) (New Investment Provider)

Loan Request Loans must be permitted on your employer's 403(b) Plan and by your investment provider. The investment provider must be approved on your employer's 403(b) Plan.

Account Type: 403(b) 457(b) Investment Provider: _____

Loan Amount Requested: \$ _____ Repayment Time: _____ Years

Do you currently have any 403(b) or 457(b) loans outstanding? Yes No If Yes, provide the name(s) of investment providers for each loan. Loan 1: _____ Loan 2: _____

Have you ever defaulted on a 403(b) or 457(b) loan? Yes No If yes, you are no longer eligible to take a loan.

Distribution Request Indicate distribution type below.

Account Type: 403(b) 457(b) Investment Provider: _____

Financial Hardship – Substantiation documentation must accompany this request for approval.

Required Minimum Distribution (RMD)

Qualified Domestic Relations Order (QDRO)

Cash Distribution or Rollover

Separation from service – Date of separation _____

Age 59 ½ – Date of birth _____

Disability – Must be eligible to collect a pension from the state to qualify.

Purchase Service Credit from my State Retirement System

Please forward all paperwork regarding this transaction to:

According to instructions on investment provider forms

Special Instructions – Attn: _____ Address: _____ Fax: _____

Signature of Employee

Date (mm/dd/yyyy)

Submit completed form along with all investment provider paperwork pertaining to this request to:

MidAmerica Administrative & Retirement Solutions, Inc.

DEPT: 403bTPA

402 South Kentucky Avenue, Suite 500, Lakeland, FL 33801

Fax: 863-688-4466