TRANSACTION REQUEST FORM

Date Stamp

To facilitate your transaction request, this form MUST accompany any contract exchange, rollover, distribution or loan request paperwork provided by your 403(b) or 457(b) investment company or representative. This form must be completed and signed by the Participant.

Employer Name: ______________________________

Participant Name: ______________________________
First *MI* *Last*

Address: ______________________________

City, State, Zip Code: ______________________________

Social Security #: ____________________ Date of Birth: ____________________

Daytime Phone No: ____________________ Email: ____________________

Agent Name: ____________________ Agent Phone Number: ____________________

Please Select Type of Transaction.

☐ **403(b) CONTRACT EXCHANGE**: This is the exchange or transfer of your 403(b) assets from one provider with your current employer to another provider on your employers approved provider list.

To be eligible for a Contract Exchange (transfer), you must still be employed with the employer listed above and the receiving provider must be an approved provider within the employer's 403(b) Plan.

Please submit the completed Contract Exchange (transfer) paperwork, along with this form to Envoy Plan Services (address and fax number listed below). **I am transferring my 403(b) account:**

FROM: ____________________ ***TO***: ____________________

☐ **LOAN REQUEST:** **Account Type:** ☐ 403(b) ☐ 457(b)

Account Name: ____________________

Please list (or attach on a separate sheet) all of your 403(b) & 457(b) accounts and providers

Loan Amount Requested: **$** ____________ **To Be Paid Back in:** ____________ **Years**

This Loan is for: ☐ **General Purpose Loan** ☐ **Purchase of my principal place of residence**

☐ **DISTRIBUTION from my account with:** ______________________________
(Investment Company Name)

Account Type: ☐ 403(b) ☐ 457(b)

Type of Distribution: ☐ Financial Hardship Withdrawal ☐ 457(b) Unforeseen Emergency
FOR FINANCIAL HARDSHIP AND UNFORSEEN EMERGENCY THE HARDSHIP MUST BE FINANCIALLY DEFINED AND *DOCUMENTATION OF THE HARDSHIP/EMERGENCY MUST* ACCOMPANY THIS REQUEST. PLEASE REFER TO THE DEFINITIONS OF FINANCIAL HARDSHIP AND UNFORESEEN EMERGENCY ON THE TRANSACTION INSTRUCTION PAGE.

☐ Required Minimum Distribution (RMD) ☐ Qualified Domestic Relations Order (QDRO)

☐ Cash Distribution
I am eligible for a cash distribution due to: ☐ Separation From Service or ☐ Age 59 ½

☐ Rollover of My Account
I am eligible for a rollover of my account due to: ☐ Separation From Service or ☐ Age 59 ½ ☐ Purchase Service Credit from my State Retirement System

Once completed, please forward this form and all other paperwork that I have submitted regarding this transaction to:

☐ Participant ☐ Mail to the same address as above or ☐ Fax to: ____________________

☐ Agent ☐ Mail or ☐ Fax Mailing Address: ____________________

Fax: ____________ ____________________

☐ Company ☐ Mail or ☐ Fax Mailing Address: ____________________

Fax: ____________ ____________________

PARTICIPANT SIGNATURE: ______________________________ **DATE:** ____________

Please complete and submit this form, along with all paperwork pertaining to this request, to:
Envoy Plan Services c/o MidAmerica ● 402 S. Kentucky Ave., Suite 500 ● Lakeland, Fl 33801
800-248-8858 Fax: 877-513-2272

TRANSACTION REQUEST FORM INSTRUCTIONS

- All transaction requests must be submitted to Envoy Plan Services for review and certification on behalf of your Employer.

- A Transaction Request Form must be completed and accompany all transaction requests submitted to Envoy Plan Services.

- The Transaction Request Form is located on the Envoy Plan Services website at www.envoyplanservices.com.

- Transaction requests include:
  - Loans
  - Distributions
    - Separation from service
    - Age 59 ½
    - Required minimum distribution (RMD)
  - Rollovers
  - 403(b) Hardship Withdrawals
  - 457(b) Unforeseen Emergency
  - Contract Exchanges
  - Transfers
  - Qualified Domestic Relations Order (QDRO)

- Transaction Requests can take from 10 to 30 working days to go through the review and certification process. In many circumstances, information must be requested and received from multiple outside entities, i.e. your Employer, any and all of the previous providers you have contributed to. Or, we may need to obtain additional information directly from you.

- All transaction requests should include the Transaction Request Form AND all of the paperwork you have completed for your 403(b) or 457(b) provider. Please do not send only the signature page. We need to see all of the paperwork in order to make a proper evaluation of your request.

- All transaction requests should be sent to:

Envoy Plan Services

c/o MidAmerica Administrative & Retirement Solutions
402 South Kentucky Ave., Suite 500
Lakeland, FL 33801

Phone Toll Free (800) 248-8858 • Fax Toll Free (877) 513-2272