



# 403(b) / 457(b) Transaction Routing Form

Return this completed form to:

**Mail:** MidAmerica Administrative & Retirement Solutions, Attn: 403b/457b TPA

402 South Kentucky Ave., Suite 500, Lakeland, FL 33801

**Email:** 403btransactions@myMidAmerica.com | **Phone:** (866) 873-4240 | **Fax:** (863) 688-4466

DATE STAMP

**Your Information** – 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.

Employer: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

**Transaction Information** – Please select transaction type.

1.  **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) / 457(b) plan.  
 I am transferring my 403(b) account from \_\_\_\_\_ to \_\_\_\_\_.  
(Current Investment Provider) (New Investment Provider)  
 I am transferring my 457(b) account from \_\_\_\_\_ to \_\_\_\_\_.  
(Current Investment Provider) (New Investment Provider)

2.  **Loan Request** | Loans must be permitted on your employer's 403(b) / 457(b) plan and by your investment provider. The investment provider must be approved on your employer's 403(b) / 457(b) plan.  
Account Type:  403(b)  457(b) Investment Provider: \_\_\_\_\_  
Loan Amount Requested: \$ \_\_\_\_\_ Repayment Time: \_\_\_\_\_ Years  
**Do you currently have any outstanding 403(b) or 457(b) loans?**  Yes  No If yes, provide names 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.

3.  **Distribution Request** | Indicate distribution type below.  
Account Type:  403(b)  457(b) Investment Provider: \_\_\_\_\_  
 **Financial Hardship (403b) / Unforeseen Emergency (457b)** – Substantiation documentation must accompany this request for approval.  
 **Required Minimum Distribution (RMD)**  
 **Qualified Domestic Relations Order (QDRO)**  
 **Disability** – Must be eligible to collect a pension from the state to qualify.  
 **Purchase Service Credit from my State Retirement System**  
 **Cash Distribution or Rollover** – Select additional details below.  
 **Separation from service** – Date of Separation: \_\_\_\_\_  
 **Age 59 ½ (for 403(b) Plans Only)** - Date of Birth: \_\_\_\_\_  
 **Age 70 ½ (for 457(b) Plans Only)** - Date of Birth: \_\_\_\_\_

4.  **Plan-to-Plan Transfer**  
 I am transferring my 403(b) account from \_\_\_\_\_ to \_\_\_\_\_.  
(Employer Plan Name) (Employer Plan Name)  
 I am transferring my 457(b) account from \_\_\_\_\_ to \_\_\_\_\_.  
(Employer Plan Name) (Employer Plan Name)

**Acknowledgement and Authorization**

Please forward all paperwork regarding this transaction to:  
 **According to instructions on investment provider forms**  
 **Special Instructions** – Attn: \_\_\_\_\_ Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_