

403(b) Retirement Savings Plan

DATE STAMP

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

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

TRANSACTION ROUTING FORM

<u> </u>	rmation for a previously submitted request.	
Employee Data – ALL FIELDS		
-		
Name:(First, MI, Last)	Social Security #:	Date of Birth:
	(Apt. #)	
		(City, State Zip)
		Email:
Agent Name:		Agent Phone Number:
Transaction Information – Please	select transaction type	
403(b) Contract Exchange		ted above and the receiving investment provider mu
	be approved on your employer's 403(b) Plan	
I am transferring my 403(b)	(Current Investment Provider)	to(New Investment Provider)
	be permitted on your employer's 403(b) Pla to be approved on your employer's 403(b) Pla	nn and by your investment provider. The investmenn.
Account Type: 403(b)	Investment Provider:	
Loan Amount Requested: \$	Repayment T	ime:Years
Do you currently have any 4	03(b) or 457(b) loans outstanding? Yes	No If Yes, provide the name(s) of investment
providers for each loan. Loa	n 1:	Loan 2:
Have you ever defaulted on a	a 403(b) or 457(b) loan? Yes No No	If yes, you are no longer eligible to take a loan.
Distribution Request Indic	ate distribution type below.	
Account Type: 403(b)	Investment Provider:	
Financial Hardship – Sub	stantiation documentation must accompany the	nis request for approval.
Required Minimum Distr	ibution (RMD)	
Qualified Domestic Related	ions Order (QDRO)	
Cash Distribution or Roll	over	
Separation from ser	vice – Date of separation	<u></u>
\square Age 59 ½ – Date of	birth	
_ ,	ble to collect a pension from the state to qual	ify.
Purchase Service Credit	From my State Retirement System	
lease forward all paperwork rega	rding this transaction to:	
According to instructions on i	-	
Special Instructions – Attn.	Address:	Fax:

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

MidAmerica Administrative & Retirement Solutions

DEPT: 403bTPA

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

Fax: 863-688-4466