

Retirement Plan Transaction Form

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Mail: MidAmerica Administrative & Retirement Solutions

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Phone: (800) 430-7999 Fax: (863) 688-4200

Please complete this form if you are requesting a distribution, contract exchange, rollover or plan-to-plan transfer from your Special Pay, 3121 FICA Alternative (Premier), Single Vendor, Employer Sponsored or APPLE plan. Special Pay, Employer Sponsored and Single Vendor Plan transaction requests take 7–10 business days to process; 3121 FICA Alternative and APPLE Plan transaction requests take 15–20 business days to process. **A completed and signed W-9 must be submitted with your distribution form.** To download a W-9 form, visit www.myMidAmerica.com and select Forms. For more details on completing the form, including helpful tips, definitions and required information, review the Transaction Form Instructions page.

SECTION 1 Participant Information

Employer										Date of Birth (mm/dd/yyyy)								
First Name					Last Name					M.I.	Social Security Number							
Mailing Address										City			State	Zip		Telephone		
Email Address																		

For Address Changes: If you have recently moved or need to update your address, please do so prior to submitting your distribution request by logging into your account at www.myMidAmerica.com. Once logged in, select the small gear icon in the upper right-hand corner to access personal details. You may also call our Participant Services team at (800) 430-7999 to update.

For Name Changes: If your legal name has changed, you can update our records by submitting a copy of your new Social Security card along with this distribution form. It is important to keep your name updated with us for required IRS income tax reporting purposes. Our records must match the IRS records to prevent possible reporting penalties.

SECTION 2 Transaction Reason

Select the plan type from which you are requesting a distribution, rollover, contract exchange or plan-to-plan transfer:

☐ 403(b) ☐ 457(b) ☐ 401(a)

Select the reason for your transaction request (select one):

Go to Section 3.

 Participant is Deceased

If selected, go to Section 4.

<input type="checkbox"/>	Retired or Separated from Service	Please provide an approximate retirement or termination date (to be confirmed with Plan Sponsor):	<input type="text"/>
<input type="checkbox"/>	Met Age Eligibility Select if you have met the age requirements but are actively working when you request a distribution. Review your Plan Highlights for age requirement details and to confirm that your plan permits in-service distributions.		
<input type="checkbox"/>	Change in Status	Please provide the status change date (to be confirmed with the Plan Sponsor):	<input type="text"/>
	<i>Note: You may be required to meet a waiting period if requesting a distribution due to status change. Please refer to your Plan Highlights for more details.</i>		
<input type="checkbox"/>	Required Minimum Distribution (RMD) after age 70 ½ (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949).		
<input type="checkbox"/>	Purchase of Service Credits		
<input type="checkbox"/>	Contract Exchange For 403(b) plans. MidAmerica will coordinate and obtain approval from the receiving investment provider.		
<input type="checkbox"/>	Plan-to-Plan Transfer MidAmerica will coordinate and obtain employer authorization.		

SECTION 3 Death Distribution

Note: Please submit a copy of the death certificate if you have not done so previously.

Complete this section if you selected *Participant is Deceased* as your distribution reason in Section 2. A signed W-9 Form must be completed with the beneficiary or payee details and submitted along with this Distribution Form. If distribution should be paid to the Estate of the deceased, both the distribution form and the W-9 must be signed with the word, Deceased. A full distribution of the balance will be paid. **Proceed to Section 6 once this section is completed.**

Beneficiary First Name		Beneficiary Last Name		Beneficiary Social Security Number			
Beneficiary Mailing Address			City	State	Zip	Telephone	
Email Address		Relationship to Participant					

SECTION 4 Transaction Details

NOTE: Please select one of the options below. Complete all fields associated with your selection.

☐ **Full Balance Distribution** | Your entire account balance will be paid out to you.

☐ **Partial Distribution** | A portion of your funds will be paid out to you. Please indicate your Partial Payment Amount: \$

☐ **Systematic/Recurring Distribution (For Special Pay and Employer Sponsored Plans only)** | The indicated amount will be sent to you on a recurring basis. If your account balance falls below the requested amount, the recurring payment will automatically stop. Select one of the payment frequency options below and indicate the payment amount.

☐ **Monthly Recurring Payment of \$**

☐ **Annual Recurring Payment of \$**

☐ **Rollover, Contract Exchange or Plan-to-Plan Transfer** | Funds will be sent to another qualified vendor or plan of your choosing. Please indicate your amount preference below and then proceed to Section 5.

☐ **Full balance**

☐ **Partial balance in the amount of \$**

☐ **Partial balance in the amount of \$** **and the remaining balance paid to me.**

☐ **RMD** | If you selected RMD as your Distribution Reason in Section 2, select this payment option. Your RMD will be paid to you for this calendar year. Please select one or more of the plan types below and indicate your RMD amount.

☐ **403(b): \$**

☐ **457(b): \$**

☐ **401(a): \$**

☐ **Purchase of Service Credits** | If you selected Purchase of Service Credits as your Distribution Reason in Section 2, select this payment option. A portion of your funds will be sent to your state retirement system for the purchase of permissible credits. Please indicate the Amount Requested: \$

SECTION 5 Rollover, Contract Exchange, or Plan-to-Plan Transfer Details

Please complete all requested fields below. For assistance completing these fields, please contact the receiving vendor or investment provider. If requesting a Rollover, you must also provide rollover paperwork from the receiving vendor.

Receiving Vendor/Investment Provider Name

Receiving Vendor/Investment Provider Address (where the payment should be sent)

Receiving Vendor/Investment Provider Account Number

Receiving Plan Name (If rolling funds over to an IRA, leave blank.)

Receiving Plan Type: ☐ 403(b) ☐ 457(b) ☐ 401(a) ☐ IRA ☐ Other (please specify): _____

Is this a designated Roth account? ☐ Yes ☐ No

SECTION 6 Payment Method

How would you like to receive your distribution? Choose one: ☐ Check in the mail ☐ New Direct Deposit ☐ Direct Deposit (already on file with MidAmerica)

☐ Check this box if you wish to remove any current direct deposit details from your account.

If you selected New Direct Deposit, please provide your banking information below. Please also provide a copy of a voided check or a letter from your financial institution that contains the routing and bank account numbers with your form. **If a voided check or letter is not received with your form, your distribution will be issued via check in the mail.**

NEW DIRECT DEPOSIT INSTRUCTIONS:

Bank Name

Account Number

ABA Routing Number

Name on Account

Account Type (e.g., Checking, Savings)

SECTION 7 Participant Certification & Signature

Income Tax Withholding | Federal Income Taxes: I understand that if my distribution is not eligible for rollover, it will be subject to a 20% mandatory federal tax withholding (or 10% mandatory federal tax withholding if it is a Required Minimum Distribution (RMD)). A distribution is considered eligible for a rollover unless it is an RMD or a rollover distribution that falls under section 402(c) of the Internal Revenue Code. Distributions less than \$200 are not subject to federal tax withholding. **State Income Taxes:** If my residence is in AR, CA, DE, IA, KS, MA, MD, ME, MI, NC, NE, OK, OR, VA or VT, I understand my request is also subject to an additional tax mandated by each state. **Foreign Persons:** I understand that due to my resident status, my request is subject to a 30% mandatory federal tax. I also understand that form W-8BEN must be filed with my distribution request. **Certification** | I am a U.S. citizen or U.S. person (including resident alien individuals) and certify that the Social Security number or taxpayer Identification number provided is correct and valid. I am requesting a distribution in the manner indicated on this form and acknowledge that I have received, read, and understood the Special Tax Notice. I understand that if I have requested a distribution from pre-tax funds to be rolled over into a Roth eligible account, this amount is considered taxable income and MidAmerica will not withhold any taxes from my distribution. I am responsible for seeking financial advice and meeting the mandatory requirements for the fund conversion. If I provided direct deposit information in Step 6 of this form, I authorize MidAmerica Administrative & Retirement Solutions to deposit my funds directly into the designated account until I give further written notice. I understand it may take up to 72 business hours from the time MidAmerica processes my payment for funds to post to my bank account. I grant MidAmerica the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Participant Signature Signature Date (mm/dd/yyyy) Employer Authorized Signer (Optional) Signature Date (mm/dd/yyyy)

Retirement Plan Transaction Form Instructions



For all transactions:

- Complete and sign the transaction form (complete all applicable fields)
- Complete the attached IRS W-9 Form

If you are requesting a death distribution:

- Supply a copy of the account holder's Death Certificate
- Complete all fields in Section 3
- W-9 instructions for death claims:
 - For a beneficiary claim: complete the W-9 Form with the beneficiary's information
 - For an Estate claim: complete the W-9 Form with the account holder's information
- Affidavit for Transfer of Personal Property worth \$150,000 or less (if applicable)

If you are requesting a rollover, contract exchange or plan-to-plan transfer:

- Add detailed information to the rollover, contract exchange or plan-to-plan transfer section of this distribution form
 - Supply the name of the IRA, 457, Annuity or Qualified Plan receiving the funds
 - Supply the name and address of the receiving company
 - Supply plan account number (if applicable)
- Rollover documentation requirements:
 - Documentation from the receiving vendor that includes the nature of the fund transfer and their acceptance of it. Details needed include where and how the funds are moving. The receiving vendor should supply this to you upon request.

If you are purchasing service credits:

- (APPLE Only) For CalPERS, supply copies of:
 - CalPERS Package Cover Sheet (includes your name, the amount and due date for the transfer)
 - Election to Purchase Service Credits page
 - Plan to Plan Certification page
- (APPLE Only) For CalSTRS, supply a copy of the Billing Statement
- (Non-APPLE Plans) Election to Purchase Service Credits documentation from your state retirement plan specifying the exact amount needed to purchase service credits

If you are requesting installment payments:

- Complete, sign, and date the distribution form. Your installment selection needs to be added in Section 4.
- Complete, sign and date IRS W-9 Form.

For 3121 FICA Alternative (Premier) and APPLE plans:

- If you were a part-time, temporary, or seasonal employee who recently separated from service, retired or moved into a full-time position with your employer:
 - Prior to requesting a distribution, confirm your employer is aware of your termination or status change date. Ensuring that your employer is reporting the accurate date to MidAmerica is key in preventing distribution denials and ensuring the fastest distribution processing.

Frequently Asked Questions

What is a Money Purchase Pension Plan (MPP)?

Money Purchase Pension Plans are typically designed to hold benefits until retirement, which means in-service withdrawals are not permitted until Normal Retirement Age (age 70 1/2, at the earliest) as defined by your plan.

What is a contract exchange?

A contract exchange is when you move money from one 403(b) plan to another 403(b) plan under the same sponsoring employer. Essentially, it's the same plan but you're moving funds to a different investment.

What is a plan-to-plan transfer?

A plan-to-plan transfer is when you move money from one 403(b) or 457(b) to another 403(b) or 457(b) under a different sponsoring employer. For example, perhaps you begin working for a new employer and wish to transfer funds from your prior employer's plan to your new employer's plan.

What is a rollover?

When you become distribution-eligible, you may move money from one 403(b) or 457(b) to another 403(b) or 457(b). If you are still actively employed with the employer sponsoring your benefit and wish to move money, you will want to select Plan-to-Plan transfer.