



# MidAmerica

Administrative & Retirement Solutions, Inc.  
211 East Main Street, Suite 100, Lakeland, FL 33801  
866.873.4240 / (FAX) 863.688.4466  
www.midamerica.biz

# 403(b) 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

211 East Main Street, Suite 100, Lakeland, FL 33801

Fax: 863-688-4466