

403(b) and 457 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.

I am returning additional information	1 , 1	
Employee Data – ALL FIELDS REQUI	RED	
Employer Name:		
Name:	Social Security #:	Date of Birth:
Address: (Street / PO Box)	(Apt. #)	(City, State Zip)
Daytime Phone #:()	Evening Phone #:()	Email:
Agent Name:		Agent Phone Number:()
Transaction Information – Please select		
	nust be employed with the employer he proved on your employer's 403(b) Pla	isted above and the receiving investment provider must
==		
Tam transferring my 105(8) account	(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.		
**	Repayment '	
		No If Yes, provide the name(s) of investment
		Loan 2:
		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 the		
According to instructions on investm	•	
☐ Special Instructions – Attn:	Address:	Fax: <u>(</u>)
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