

## 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 paperwor 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:
Address: (Street / PO Box) (Apt. #) (City, State Zip)
Daytime Phone #:()
Agent Name: Agent Phone Number:()
Transaction Information – Please select transaction type
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 (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)  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 \(\Boxed{\square}\) No \(\Boxed{\square}\) If yes, you are no longer eligible to take a loan.
Distribution Request Indicate distribution type below.
Account Type: 403(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