Retirement Plan Transaction Form



Secure Upload: https://www.mymidamerica.com/file-upload/employees/

Mail: U.S. BENCOR/MidAmerica

Attn: PO Box 149, Lakeland, FL 33802

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.

This form can also be used to request changes to your direct deposit information, even if not requesting a new distribution at this time. Please fill out Sections 1, 6, and 7.

OLUTTO	ON 1 Participa	ant Information	1				
Employer				Date of Birth (mm/dd/yyyy)			
First Name		Last Name		M.I. Social Security Number			
Mailing Addro	200						
Mailing Addre	=55		City	State Zip Telephone			
E II A dal	-						
Email Address							
				mitting your distribution request by logging into your account at is personal details. You may also call our Participant Services tear			
800) 430-7999	9 to update.						
		- '		r new Social Security card along with this distribution form. It is			
nportant to ke	eep your name updated with us	for required IRS income tax rep	orting purposes. Our records m	nust match the IRS records to prevent possible reporting penaltic			
SECTIC	ON 2 Transact	ion Reason					
elect the plan	type from which you are reques	ting a distribution, rollover, cor	tract exchange or plan-to-plan	transfer: 403(b) 457(b) 401(a)			
elect the reaso	on for your transaction request (select one):					
Section 3. —	Participant is Decease	sed					
Г	Retired or Separated	from Service Please provide	e an approximate retirement or	r termination date (to be confirmed with Plan Sponsor):			
	Met Age Eligibility Select if you have met the age requirements but are actively working when you request a distribution. Review your Plan Highligh						
	for age requirement details and to confirm that your plan permits in-service distributions.						
	Change in Status Please provide the status change date (to be confirmed with the Plan Sponsor):						
ected, go	Note: You may be required to meet a waiting period if requesting a distribution due to status change. Please						
ction 4.	refer to your Plan High	lights for more details.					
	Required Minimum	Distribution (RMD)					
	Purchase of Service	Credits					
	Contract Fushance I	For 403/h) plane MidAmeniae	will according to and abtain a new	varial from the avacativing in rather at a variable			
	Contract Exchange For 403(b) plans. MidAmerica will coordinate and obtain approval from the receiving investment provider.						
L	Plan-to-Plan Transfe	r MidAmerica will coordinate	and obtain employer authoriza	ation.			
SECTIO	ON 3 Death D	istribution	Note: Please submit a conv of	the death certificate if you have not done so previously.			
				· · · · · · · · · · · · · · · · · · ·			
		·		ed W-9 Form must be completed with the beneficiary or payee de , both the distribution form and the W-9 must be signed with the			
	d. A full distribution of the balar	· ·		·			
Beneficiary Fire	rst Name	Beneficiary Last	Name	Beneficiary Social Security Number			
Beneficiary Ma	ailing Address		City	State Zip Telephone			

SECI	ION 4 Transaction D	etaiis Note: Please	select one of the options below. Con	ipiete ali neids associated wit	n your selection.					
	Full Balance Distribution Your entire a	ccount balance will be paid c	ut 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 syour account balance falls below the recindicate the payment amount. Monthly Recurring Payment of \$ Annual Recurring Payment of \$	uested amount, the recurring	** *	·	-					
	Rollover, Contract Exchange or Plan-to- preference below and then proceed to S Full balance Partial balance in the amount of Partial balance in the amount of RMD If you selected RMD as your Dist select one or more of the plan types below 403(b): \$ 457(b): \$ 401(a): \$ Purchase of Service Credits If you sele funds will be sent to your state retireme	ribution Reason in Section 2, ow and indicate your RMD and indicate your RMD and indicate your sected Purchase of Service Creent system for the purchase of	and the remaining balance paid a select this payment option. Your RM nount. lits as your Distribution Reason in Sepermissable credits. Please indicate	to me. ID will be paid to you for the paid to you for you for the paid to you for you for the paid to you for you for the paid to you for	nis calendar year. Please nt option. A portion of your					
SECT	TION 5 Rollover, Cont	tract Exchange	, or Plan-to-Plan 1	Transfer Detai	ls					
	olete all requested fields below. For assistance com erwork from the receiving vendor.	ppleting these fields, please cor	tact the receiving vendor or investme	nt provider. If requesting a Ro	ollover, you must also provide					
ronover pap	erwork from the receiving vention.									
Receiving V	endor/Investment Provider Name	Receiving Vendor/Investme	nt Provider Address (where the payme	nt should be sent)						
Receiving V	endor/Investment Provider Account Number	Receiving Plan Name (If rol	ing funds over to an IRA, leave blank.)							
Ü										
Receiving	Plan Type: 403(b) 457(b)	401(a) IRA	Other (please specify): _							
Is this a des	ignated Roth account? Yes	No								
SECT	ION 6 Payment Met	hod How would	you like to receive yo	ur distribution?	Choose one:					
_										
Check i	Tane man	Update existing direct deposi new account details below	future reimbursemen	ct deposit and receive nts via check						
	peposit (already on file with MidAmerica)									
•	ed "New Direct Deposit" OR "Update existing directed or a letter from your financial institution that c	•		-						
distribution	will be issued via check in the mail.									
DIRECT DE	POSIT INFORMATION:									
Bank Nam	9	Acc	ount Number	ABA Routing Numb	er					
Name on <i>A</i>	ccount			Account Type (e.g., Che	cking, Savings)					
SECT	ION 7 Participant Ce	rtification & S	ignature							
Income Tax W a Required Mi \$200 are not s my request is and certify tha and understoo not withholad I authorize Mi	itholding Federal Income Taxes: I understand that if my nimum Distribution (RMD). A distribution is considered elipubject to federal tax withholding. State Income Taxes: I unsubject to a 30% mandatory federal tax. I also understand at the Social Security number or taxpayer Identification number of taxpayer Identification number of the Special Tax Notice. I understand that if I have requestany taxes from my distribution. I am responsible for seeking damerica Administrative & Retirement Solutions to depositorocesses my payment for funds to post to my bank account	distribution is not eligible for rollove gible for a rollover unless it is an RM iderstand my request may also be suthat form W-8BEN must be filed with mber provided is correct and valid. I ted a distribution from pre-tax funding financial advice and meeting the it my funds directly into the designat	r, it will be subject to a 20% mandatory feder D or a rollover distribution that falls under se bject to an additional tax as mandated by ea I my distribution request. Certification I ar am requesting a distribution in the manner is to be rolled over into a Roth eligible accour mandatory requirements for the fund conver ed account until I give further written notice	ction 402(c) of the Internal Reven ch state. Foreign Persons: I under n a U.S. citizen or U.S. person (incl ndicated on this form and acknow t, this amount is considered taxal sion. If I provided direct deposit in I understand it may take up to 72	ue Code. Distributions less than stand that due to my resident status, uding resident alien individuals) ledge that I have received, read, ole income and MidAmerica will information in Step 6 of this form, business hours from the time					
Partici	pant Signature	Signature Date (mm/dd/yyyy	Employer Authorized Sign	ner (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.