

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.

<input type="text"/>	<input type="text"/>
Receiving Vendor/Investment Provider Name	Receiving Vendor/Investment Provider Address (where the payment should be sent)
<input type="text"/>	<input type="text"/>
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 Update existing direct deposit with new account details below Remove existing direct deposit and receive future reimbursements via check
- Direct Deposit (already on file with MidAmerica)

If you selected "New Direct Deposit" OR "Update existing direct deposit with new account details below", please provide your new 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.**

DIRECT DEPOSIT INFORMATION:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Name	Account Number	ABA Routing Number							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
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:** I understand my request may also be subject to an additional tax as 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.