



Date Stamp

### TRANSACTION REQUEST FORM

To facilitate your transaction request, this form MUST accompany any contract exchange, rollover, distribution or loan request paperwork provided by your 403(b) or 457(b) investment company or representative. This form must be completed and signed by the Participant.

Employer Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_  
*First MI Last*

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Daytime Phone No: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone Number: \_\_\_\_\_

#### Please Select Type of Transaction.

**403(b) CONTRACT EXCHANGE:** This is the exchange or transfer of your 403(b) assets from one provider with your current employer to another provider on your employers approved provider list.

To be eligible for a Contract Exchange (transfer), you must still be employed with the employer listed above and the receiving provider must be an approved provider within the employer's 403(b) Plan.

Please submit the completed Contract Exchange (transfer) paperwork, along with this form to Envoy Plan Services (address and fax number listed below). **I am transferring my 403(b) account:**

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**LOAN REQUEST:** Account Type:  403(b)  457(b)  
 Account Name: \_\_\_\_\_

**Please list (or attach on a separate sheet) all of your 403(b) & 457(b) accounts and providers**

Loan Amount Requested: \$ \_\_\_\_\_ To Be Paid Back in: \_\_\_\_\_ Years

This Loan is for:  General Purpose Loan  Purchase of my principal place of residence

**DISTRIBUTION from my account with:** \_\_\_\_\_ (Investment Company Name)

Account Type:  403(b)  457(b)

Type of Distribution:  Financial Hardship Withdrawal  457(b) Unforeseen Emergency  
 FOR FINANCIAL HARDSHIP AND UNFORSEEN EMERGENCY THE HARDSHIP MUST BE FINANCIALLY DEFINED AND DOCUMENTATION OF THE HARDSHIP/EMERGENCY MUST ACCOMPANY THIS REQUEST. PLEASE REFER TO THE DEFINITIONS OF FINANCIAL HARDSHIP AND UNFORSEEN EMERGENCY ON THE TRANSACTION INSTRUCTION PAGE.

Required Minimum Distribution (RMD)  Qualified Domestic Relations Order (QDRO)

Cash Distribution  
 I am eligible for a cash distribution due to:  Separation From Service or  Age 59 ½

Rollover of My Account  
 I am eligible for a rollover of my account due to:  Separation From Service or  Age 59 ½  Purchase Service Credit from my State Retirement System

**Once completed, please forward this form and all other paperwork that I have submitted regarding this transaction to:**

Participant  Mail to the same address as above or  Fax to: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Agent  Mail or  Fax Mailing Address: \_\_\_\_\_  
 Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company  Mail or  Fax Mailing Address: \_\_\_\_\_  
 Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please complete and submit this form, along with all paperwork pertaining to this request, to:  
Envoy Plan Services c/o MidAmerica • 211 E. Main St., Suite 100 • Lakeland, FL 33801 • 800-248-8858 Fax: 877-513-2272  
July 2009