



TPA TRANSACTION REQUEST FORM

Submit completed form and ALL accompanying documents to:
MEAF Financial Services, Third Party Administration Program, 1480 Kendale Blvd, East Lansing, MI 48823
Phone: 800-292-1950 Option 4 * Fax: 517-337-5594 * www.meafs.com

Prefix: _____ First Name: _____ M.I. _____ Last Name: _____

SSN: _____ Date of Birth: _____

Contact Phone/E-mail: _____

Participant Mailing Address: _____

City, State, Zip: _____

Name of Employer Sponsoring the Plan: _____

TYPE OF REQUEST: SELECT ONE OPTION ONLY

(A separate form is required for a Loan or Hardship Distribution request. Forms available at www.meafs.com)

Required Minimum Distribution: from _____
Company Name

Withdrawal: from _____
Company Name

Rollover: from _____ to _____
Outgoing Company Name Receiving Company Name

Reason for Distribution: (Information below is required for Withdrawals and Rollovers)

- Separation from service date _____ Reason _____
(To expedite processing, you may submit your dated termination letter from the District or State)
- Age 59 1/2 or older *(to expedite processing, you may submit a copy of your driver's license)*
- Disability (Copy of Social Security letter required)
- Death (Copy of death certificate required)

Contract Exchange: *(Exchange from investment option to same type investment option within Employer's Plan)*
from _____ to _____
Company Name Company Name

Transfer: *(Investment option from one Employer's Plan into investment option offered by another Employer's Plan)*
from _____ to _____
School District & Company Name School District & Company Name

Once MEA Financial Services authorizes this transaction, this form and all corresponding paperwork should be forwarded to the:
 Participant Agent Company/Broker Dealer
 via
 Mail Fax E-Mail *(Select one option only)*
 Company or Contact Name: _____
 Address: _____

 Fax: _____
 E-Mail: _____

By submitting this form the employee certifies that all information provided is true and accurate to the best of their knowledge. The employee and vendor company agrees to submit additional information if requested by the Employer/Plan Administrator. No tax advice has been given by either the Employer or Plan Administrator. All decisions regarding this distribution are your own and you expressly assume responsibility for any adverse consequences which may arise from this payout and agree that the Employer/Plan Administrator shall in no way be responsible for those consequences.