TPA TRANSACTION REQUEST FORM

Submit completed form and ALL accompanying documents to:
MEA 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.

August 2014