

EMPLOYER  
ADMIN  
SERVICES,  
INC.

### Transaction Authorization Form

**Instructions:**

Complete and submit this form along with any forms required by your investment provider to Employer Admin Services, Inc. at the address listed on the back of this form. EAS will forward approved transaction requests to your investment provider(s).

**General Account Information**

Name of Participant/Owner \_\_\_\_\_  
First MI Last

Social Security Number/Tax I.D. Number \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Address City State Zip Code

Daytime Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

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

Investment Provider Name \_\_\_\_\_

Product Name \_\_\_\_\_

Account/Contract Number \_\_\_\_\_

**Transaction Request**

- Rollover Request (to Plan)
- Loan Request – I have outstanding loans from other qualified retirement plans, as listed here:
- Distribution/Withdrawal
- Financial Hardship – Include supporting documentation, including receipts, to substantiate the hardship need and the amount requested. Please note: You must take the maximum loan allowed before taking a Hardship withdrawal.
  - Deductible Medical Expenses in excess of 7.5% of adjusted gross income.
  - Post secondary education, tuition, room and board, or related fees
  - Purchase of principal residence (excluding mortgage payments)
  - Prevent eviction from principal residence
  - Funeral expenses for immediate family members
  - Casualty loss of principal residence.

Note: If a hardship withdrawal is taken, regulations prohibit contributions to this Plan or any other Plan maintained by your employer during the six-month period following the withdrawal.

- Disability – Permanent Disability as defined in section 72(m)(7) of the Internal Revenue Code. Physician's explanation is required.
- Required Minimum Distribution (RMD)
- Normal Distribution
- Transfers/Exchanges – Please transfer/exchange assets from the above product/account to the investment provider and product/account indicated below:
  - New Investment Provider: \_\_\_\_\_
  - New Product Name Account Number: \_\_\_\_\_
  - New Investment Provider Address: \_\_\_\_\_

I would like to transfer:

- Full Balance
- Partial Balance – Amount or Percent (circle one) \_\_\_\_\_

(transfer request continued)

Rollover (from Plan) – Please rollover assets from the above product/account to the investment provider and product/account indicated below:

New Investment Provider: \_\_\_\_\_

New Product Name Account Number: \_\_\_\_\_

New Investment Provider Address: \_\_\_\_\_

Reason for Rollover Distribution: (Check all that apply)

Age 59 ½

Disabled

Severance from employment on \_\_\_\_\_ (includes retirement, termination, change of employment)

mm/dd/yyyy

I would like to rollover:

Full Balance

Partial Balance – Amount or Percent (circle one) \_\_\_\_\_

Non-Financial Change Requests – Please select the type of change from the list below.

Name Change

Address Change

Beneficiary Change (Primary/Contingent)

**Signatures**

I understand, acknowledge and certify that:

- Employer Admin Services, Inc is authorized to review my request for the transaction above.
- I have attached documents necessary for the investment provider to process the transaction.
- If I am requesting a rollover contribution, I have met the applicable requirements under my prior plan to request a rollover distribution.
- If I am requesting a loan from this account, Employer Admin Services, Inc. will determine if the loan feature is available.
- The information provided herein is complete, accurate and true.

X \_\_\_\_\_  
Participant Signature Date

X \_\_\_\_\_  
Authorized Signature

**Employer Admin Services, Inc.**  
P.O. Box 568828  
Orlando, FL 32856-8828