



# Trust Wire Authorization Form

Submit form to: [accounting@myMidAmerica.com](mailto:accounting@myMidAmerica.com)

This form is required for the authorization and setup of domestic wire instructions for Trust accounts with MidAmerica Administrative & Retirement Solutions (MidAmerica). To ensure security and protect your account against fraudulent activity, MidAmerica is required to verbally confirm all wire instructions by phone call and will do so by contacting the authorized signer(s) listed below. This form should not be used to request a distribution from the Trust.

## Section A List of Authorized Signers

<input type="text"/>		
Employer		
<input type="text"/>	<input type="text"/>	
Employer Address	City, State, Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Signer First and Last Name	Authorized Signer Email Address	Authorized Signer Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Signer First and Last Name	Authorized Signer Email Address	Authorized Signer Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Signer First and Last Name	Authorized Signer Email Address	Authorized Signer Phone Number

## Section B Domestic Wire Information

Please complete all fields below.

<input type="text"/>	
Bank Account Name	
<input type="text"/>	<input type="text"/>
Name of Bank	Bank Address
<input type="text"/>	<input type="text"/>
Bank Account Number	ABA Routing Number
<input type="text"/>	
Reference	

**Quick Tip!** The Reference field helps you identify the wire transfer in your records. You can choose any descriptor that may be helpful or leave it blank. Many employers include the name of their plan, their plan ID and/or their AUL policy number.

## Section C Authorization

I hereby certify that the wire banking details provided above are accurate. I authorize MidAmerica Administrative & Retirement Solutions to electronically credit the account for Trust distribution transactions and understand that this authorization will remain in effect until revoked by an authorized signer in writing.

<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature	Title	Signature Date (mm/dd/yyyy)