APPLE
A Keenan Solution

Accumulation Program for Part-Time and Limited-service Employees

REQUEST FOR REFUND OF CONTRIBUTION

To be completed by Plan Sponsor personnel

Employer Name:		Contact Name:
Address:		City, State Zip:
Telephone Number:	Fax Number:	E-mail Address:

Contributions for the following employee(s) were mailed in error:

Employee Name _____
Employee SSN _____
Amount Contributed in Error EE $_____ ER $_____

Employee Name _____
Employee SSN _____
Amount Contributed in Error EE $_____ ER $_____

Employee Name _____
Employee SSN _____
Amount Contributed in Error EE $_____ ER $_____

Employee Name _____
Employee SSN _____
Amount Contributed in Error EE $_____ ER $_____

Employee Name _____
Employee SSN _____
Amount Contributed in Error EE $_____ ER $_____

There will be no offsetting negative contribution. Please refund the total amount of $_____.
I understand that the refund will only be made payable to the Plan Sponsor.

_____ _____
Plan Sponsor Signature/Title Date

Please return this completed form to:
MidAmerica Administrative Solutions
Attn: APPLE
402 South Kentucky Avenue, Suite 500, Lakeland, FL 33801
Fax: (863) 686-9727