

403(b) Distribution/Rollover Authorization Form



Participant Instructions	<p>The 403(b) Distribution/Rollover Authorization Form must be submitted to National Benefit Services, LLC (NBS), the third party administrator, to authorize a distribution or rollover of 403(b) amounts from your employer or former employer's plan. Two types of distributions do <u>not</u> require this form. 1) Hardship distributions require submission of a different form. 2) Required minimum distributions following attainment of age 70 1/2 do not require NBS authorization. Your investment provider may require its own paperwork in addition to this form. You may wish to attach your investment provider's paperwork to this form. All attached forms or paperwork will be forwarded to the investment provider indicated below. Complete steps 1-4 and mail or fax this form to NBS. Inquiries regarding the status of your distribution or rollover may be directed to NBS at (800) 274-0503. After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider. After this form has been received by NBS in good order, it will be forwarded to your provider within 5 business days.</p>		
	NBS Mailing Address: National Benefit Services, LLC 8523 S. Redwood Road West Jordan, UT 84088	NBS Fax Number: (800) 597-8206	NBS Phone Number: (800) 274-0503 ext. 5

Investment Provider Instructions	NBS represents this participant (or beneficiary) is eligible to distribute or rollover of 403(b) amounts in accordance with the employer's plan and the 403(b) Provider/Information Sharing Agreement (Agreement) entered into by your company and NBS, provided that NBS have signed below.
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Step 1	Employer Name	Employer State	
Participant Information	Participant Name	Social Security Number	Date of Birth
	Participant Mailing Address <small>(Street)</small>	Home Phone Number	Work Phone Number
		<small>(City, ST ZIP)</small>	Agent Name

Step 2	Select all applicable reasons for withdrawal and the date of the applicable event. If none of the events listed below apply to you, you may not be eligible for a distribution or rollover. You may still be eligible to transfer 403(b) amounts to a different investment provider using 403(b) Transfer Authorization Form. Contact your investment provider, financial advisor, or NBS for additional information.		
Reason(s) for Withdrawal	Distributable Event:		
	<input type="checkbox"/> Termination of employment from Sponsoring Employer	Date of event : _____	
	<input type="checkbox"/> Retirement	Date of event : _____	
	<input type="checkbox"/> Attainment of age 59 ½ Required minimum? <input type="checkbox"/> Y <input type="checkbox"/> N	Date of event : _____	
	<input type="checkbox"/> Death of participant (provide documentation)	Date of event : _____	
	<input type="checkbox"/> Disability (provide documentation)	Date of event : _____	
	<input type="checkbox"/> QDRO (provide documentation)	Date of event : _____	
	<input type="checkbox"/> Correction of excess contribution or deferral	Tax year : _____	

Step 3	Indicate the investment provider that currently holds the assets you wish to distribute or rollover		
Source of Assets	Investment Provider:	_____	
	Account Number	_____	
	Street or P.O. Box	_____	
	City, State, Zip	_____	
	Phone Number	_____	
	Fax Number	_____	

Step 4	I recognize that the information contained on and attached to this form may be shared with a third party (including National Benefit Services, LLC (NBS)) as necessary to administer the Plan in accordance with the Internal Revenue Code. I authorize the release of non-public information pertaining to the above accounts and transaction to NBS representatives as necessary to administer the plan.		
Participant/Beneficiary Approval	_____		_____
	Participant Signature (or Beneficiary Signature if participant is deceased) (Required)		Date

For NBS Use Only	_____		_____
	NBS Signature (Required)		Date