403(b) Distribution/Rollover Authorization Form

NATIONAL BENEFIT SERVICES, LLC
Customer Care • Knowledge and Expertise • Organizational Excellence

Participant Instructions

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 not 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 ext 5. 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.

NBS Mailing Address:	National Benefit Services, LLC 8523 S. Redwood Road West Jordan, UT 84088	NBS Fax Number: NBS Email: NBS Phone Number:	(800) 597-8206 403bService@nbsbenefits.com (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 has signed below. NBS reserves the right to not sign surrendering or receiving vendor paperwork according to the ISA (if applicable).

Step 1 — Participant Information

Employer Name	Employer State	
Participant Name	Social Security Number	Date of Birth
Participant Mailing Address (Street)	Home Phone Number	Work Phone Number
(City, ST ZIP)	Agent Name	Agent Phone Number

Step 2 — Reason(s) for Withdrawal

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 exchange 403(b) amounts to a different investment provider using 403(b) Exchange Authorization Form. Contact your investment provider, financial advisor, or NBS for additional information. Note that QDROs may require additional processing time.

Distributable Event:

- ☐ Termination of employment from Sponsoring Employer — Date of event : ______
- ☐ Retirement or attainment of plan's Normal Retirement Age — Date of event : ______
- ☐ Attainment of age 59 ½ Required minimum? Y N — Date of event : ______
- ☐ Death of participant (provide documentation) — Date of event : ______
- ☐ Disability (must be long-term and result in inability to work; provide documentation) — Date of event : ______
- ☐ QDRO (provide documentation) — Date of event : ______
- ☐ Correction of excess contribution or deferral — Tax year : ______

Step 3 — Source of Assets

Indicate the investment provider that currently holds the assets you wish to distribute or rollover. This form will be sent to the investment provider below unless instructed otherwise.

Investment Provider: ______

Account Number ______

Street or P.O. Box ______

City, State, Zip ______

Phone Number ______

Fax Number ______

Step 4 — Participant/ Beneficiary Approval

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. I certify that the information I have provided is accurate. I understand that taxes and tax withholding may apply to any distribution I receive that is not rolled over. Additionally, a 10% IRS penalty may be assessed for early distributions. (Consult with a tax advisor for tax-related questions.)

______ Participant Signature (or Beneficiary Signature if participant is deceased) (Required) ______ Date

For NBS Use Only

______ NBS Signature (Required) ______ Date