

403(b) Distribution/Rollover Authorization Form



1 Participant Information

Participant Name

Participant Email Address

Participant Mailing Address, City, State, Zip Code

Employer Name

Employer State

Personal Phone Number

Work Phone Number

Date of Birth

Social Security Number

Financial Advisor/Agent Name

Financial Advisor/Agent Phone Number

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. Retirement is considered termination of employment if you are no longer working for the Sponsoring Employer.

Distributable Event:

Age 59 ½ Distribution

Date of Event: _____

Separation of Service (no longer working for the Sponsoring Employer)

Date of Event: _____

**Refer to Section 4 regarding penalty for early distributions*

Required Minimum Distribution - age 70 ½

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

Amount: _____

Tax Year: _____

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

Phone Number

Mailing Address City, State, Zip Code

Fax Number

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) 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

5 For NBS Use Only

NBS Signature (Required)

Date

Form - 403-204 (03/2015)