

State of Hawaii DOE 403(b) Distribution/Rollover Authorization Form



Participant Instructions	<p>The State of Hawaii DOE 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. If you are requesting a Hardship this form is not required. Hardship distributions require submission of a different form, the State of Hawaii DOE 403(b) Hardship Authorization Form. 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, 2. 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. Submission of this form does not affect any existing salary reduction arrangements you currently maintain with the DOE. If you wish to discontinue or direct future contributions to a new vendor you must complete a corresponding new salary reduction agreement (SRA). An SRA form can be found at the website www.hawaiidoe403b.com.</p>																	
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">NBS Mailing Address:</td><td style="width: 33%;">National Benefit Services, LLC P O BOX 219006 Kansas City, MO 64121-9006</td><td style="width: 33%;">NBS Fax Number:</td><td>800-597-8206</td></tr> <tr> <td></td><td></td><td>NBS Email - for questions only:</td><td>403bsupport@nbsbenefits.com</td></tr> <tr> <td></td><td></td><td>NBS Phone Number:</td><td>800-274-0503 ext. 5</td></tr> </table>			NBS Mailing Address:	National Benefit Services, LLC P O BOX 219006 Kansas City, MO 64121-9006	NBS Fax Number:	800-597-8206			NBS Email - for questions only:	403bsupport@nbsbenefits.com			NBS Phone Number:	800-274-0503 ext. 5			
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Investment Provider Instructions	<p>NBS represents this participant (or beneficiary) is eligible to distribute or rollover 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).</p>																	
Step 1	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Participant Name</td><td style="width: 25%;">Social Security Number</td><td style="width: 25%;">Date of Birth</td></tr> <tr> <td>Participant Mailing Address</td><td>Home Phone Number</td><td>Work Phone Number</td></tr> <tr> <td>(Street)</td><td>Agent Name</td><td>Agent Phone Number</td></tr> <tr> <td>(City, ST ZIP)</td><td></td><td></td></tr> <tr> <td colspan="3">Current or former place of employment (School Name)</td></tr> </table>			Participant Name	Social Security Number	Date of Birth	Participant Mailing Address	Home Phone Number	Work Phone Number	(Street)	Agent Name	Agent Phone Number	(City, ST ZIP)			Current or former place of employment (School Name)		
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Step 2	<p>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 the State of Hawaii DOE 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 - The State of Hawaii DOE.</p> <p>Reason(s) for Withdrawal</p> <p>Distributable Event:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Termination of employment (no longer working for the Sponsoring Employer)</td><td>Date of event : _____</td></tr> <tr> <td><input type="checkbox"/> Attainment of age 59 ½ Required minimum? <input type="checkbox"/> Y <input type="checkbox"/> N age 72 (must be retired)</td><td>Date of event : _____</td></tr> <tr> <td><input type="checkbox"/> Death of participant (provide documentation)</td><td>Date of event : _____</td></tr> <tr> <td><input type="checkbox"/> Disability (must be long-term and result in inability to work; provide documentation)</td><td>Date of event : _____</td></tr> <tr> <td><input type="checkbox"/> QDRO (provide documentation)</td><td>Date of event : _____</td></tr> <tr> <td><input type="checkbox"/> Correction of excess contribution or deferral</td><td>Tax year : _____</td></tr> </table>			<input type="checkbox"/> Termination of employment (no longer working for the Sponsoring Employer)	Date of event : _____	<input type="checkbox"/> Attainment of age 59 ½ Required minimum? <input type="checkbox"/> Y <input type="checkbox"/> N age 72 (must be retired)	Date of event : _____	<input type="checkbox"/> Death of participant (provide documentation)	Date of event : _____	<input type="checkbox"/> Disability (must be long-term and result in inability to work; 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 : _____			
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Step 3	<p>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.</p> <p>Source of Assets</p> <p>Investment Provider: _____</p> <p>Account Number _____</p> <p>Street or P.O. Box _____</p> <p>City, State, Zip _____</p> <p>Phone Number _____</p> <p>Fax Number _____</p>																	
Step 4	<p>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.</p> <p>Participant/Beneficiary Approval</p> <p>Participant Signature (or Beneficiary Signature if participant is deceased) (Required) _____ Date _____</p>																	
For NBS Use Only	<p>NBS Signature (Required) _____ Date _____</p>																	