



3121 Distribution/Rollover Withdrawal Form

Participant Instructions

The 401(a)/457(b) Distribution/Rollover Withdrawal Form must be submitted to National Benefit Services, LLC (NBS) to authorize a distribution or rollover of 401(a)/457(b) amounts from your employer or former employer's plan. **If you are rolling over your funds to another investment provider, you must attach a "Letter of Acceptance" from the investment provider. The Letter of Acceptance must be on the provider's paperwork and be signed by an authorized signer or be given in a formal letter. The letter must be generated on the investment providers' letterhead; it must say that the provider accepts the rollover funds and it must be signed by an authorized signer. Please attach your investment provider's paperwork to this form.** All attached forms or paperwork will be forwarded to the investment provider indicated.

For self-certification, please provide one of the following (if applicable), otherwise we will contact your district to obtain the information.

- Driver's License or Birth Certificate (qualifying event based on age: 59 ½ or RMD 70 ½)
- Termination letter on district letterhead (qualifying event: Separation from Service or Retirement)

The Due date for forms, received in good order, is the 11th of each month in order to be processed by the end of month.

Forms received, not in good order, that cannot be resolved within 5 business days, will be rejected by mail to the participant/beneficiary.

Completed forms should be faxed to National Benefit Services at 1-800-597-8206 or emailed to FBCsupport@nbsbenefits.com

If you have questions or want to check the status of the form, please contact National Benefit Services at 1-800-274-0503 ext. 5.

After paperwork has been forwarded to your investment provider, inquiries should be directed to NBS. Rollovers will be forwarded to the successor custodian. Cash distributions will be mailed to the address you provided on the form, typically on the last business day of the month. You should expect to receive your check by the end of the second week of the following month.

Investment Provider Instructions

NBS represents this participant (or beneficiary) is eligible to distribute or rollover of 401(a)/457(b) amounts in accordance with the employer's plan and the 401(a)/457(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).

3121 Distribution Rollover Withdrawal Form

401(a) 457(b)



Fringe Benefits Consortium

Participant Information	Participant Name			Participant Email Address																
	Employer or Former Employer Name			Social Security Number	Agent Name															
	Participant Mailing Address			Date of Birth	Agent Phone Number															
	City	State	Zip Code	Personal Phone Number	Work Phone Number															
Reason(s) for Withdrawal	<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. Note that QDROs may require additional processing time. Retirement is considered termination of employment if you are no longer working for the Sponsoring Employer.</p> <p>Distributable Event:</p> <p><input type="checkbox"/> Severance of Service (<i>no longer working for the Sponsoring Employer, please officially terminate</i>) Date of Event: _____</p> <p><input type="checkbox"/> Purchasing Service Credits Date of Event: _____</p> <p><input type="checkbox"/> (401(a) option only) Attainment of Age 59 ½ (<i>If distribution taken prior to 59 ½ a 10% penalty is incurred</i>) Date of Event: _____</p> <p><input type="checkbox"/> Disability (<i>must be long-term permanent and result in inability to work; provide doctor's documentation</i>) Date of Event: _____</p> <p><input type="checkbox"/> QDRO (<i>provide documentation</i>) Date of Event: _____</p> <p><input type="checkbox"/> (457(b) only) My job status has changed. I am no longer able to participate in the plan and have not had any contributions for at least 2 years and have a balance less than \$5,000 (STRS / PERS) Date of Event: _____</p> <p><input type="checkbox"/> Required Minimum Distribution (RMD) (<i>Required at age 70 ½, not eligible for rollover</i>) Date of Event: _____</p> <p><input type="checkbox"/> Death of participant (<i>provide a copy of the death certificate and the beneficiary's Social Security Number</i>) Date of Event: _____</p>																			
Payment Options	<p>Please select one of the following options for payments:</p> <p><input type="checkbox"/> Please pay me directly.</p> <p><input type="checkbox"/> I elect to directly rollover the ENTIRE eligible distribution. Please complete Rollover Information below. (Letter of Acceptance required)</p>																			
Rollover Information	<p>(Complete for Rollover Option Only)</p> <p>What type of plan are you rolling your funds into? <input type="checkbox"/> Eligible Retirement Plan <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA</p> <table border="1"> <tr> <td colspan="3">Name of Financial Institution</td> <td colspan="2">Attention of</td> </tr> <tr> <td colspan="3">Mailing Address</td> <td colspan="2">Plan/IRA Account Number</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td colspan="2"></td> </tr> </table>					Name of Financial Institution			Attention of		Mailing Address			Plan/IRA Account Number		City	State	Zip Code		
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Mailing Address			Plan/IRA Account Number																	
City	State	Zip Code																		
Participant/Beneficiary Approval	<p>Inaccurate information may result in back taxes and/or penalties being assessed against me under the Internal Revenue Code. There will be a mandatory 20% federal tax withholding and 2% state withholding for any amount not rolled over. It is my responsibility to consult a professional tax advisor about this distribution(s) due to the complexity of tax laws. If I have applied to receive a distribution due to the termination of my employment, by signing below I hereby affirm that I no longer work for the employer listed on this form and that I do not intend to re-contract for employment within the next 12 months; or my job status has changed (as stated above). NBS must verify severance from service. Rollovers will be sent to the successor custodian. A cash distribution will be mailed to the address you provided on this form, typically by the last business day of the month. Checks will be mailed from Life Insurance Company of the Southwest (LSW)/National Life Group.</p> <p>The administrator must verify separation date. The distribution will be processed 3 months following my last pay date and a termination date has been established.</p> <table border="1"> <tr> <td colspan="4">Participant Signature (or Beneficiary Signature if participant is deceased) (Required)</td> <td colspan="1">Date</td> </tr> </table>					Participant Signature (or Beneficiary Signature if participant is deceased) (Required)				Date										
Participant Signature (or Beneficiary Signature if participant is deceased) (Required)				Date																
For NBS Use Only	NBS Authorized Signature (Required)		Date		Date of Separation from Service															