



457(b) Distribution/Rollover Authorization Form

Participant Instructions

The 457(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 457(b) amounts from your employer or former employer's plan. One type of distribution does not require this form. 1) Unforeseeable emergency withdrawals require submission of a different 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.

To expedite your authorization request approval, please include a copy of the following if applicable:

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

Upon completion, fax or mail a copy of the form to National Benefit Services, LLC. 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. Submission of this form does not affect any existing salary reduction arrangements you currently maintain with your employer. 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.nbsbenefits.com/403b.

Investment Provider Instructions

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

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1 Participant Information

Participant Name _____		Employer or Former Employer Name _____	
Participant Mailing Address City, State, Zip Code _____		Employer State _____	
Home Phone Number _____	Work Phone Number _____	Date of Birth _____	Social Security Number _____
Agent Name _____		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 transfer 457(b) amounts to a different investment provider using 457(b) Transfer 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:

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| <input type="checkbox"/> Separation of service (no longer working for the Sponsoring Employer) | 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"/> Required Minimum Distributions | Date of Event: _____ |
| <input type="checkbox"/> Attainment of Age 70 ½ | Date of Event: _____ |
| <input type="checkbox"/> Correction of excess contribution or deferral | 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 (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 _____
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4 For NBS Use Only

NBS Signature (Required) _____	Vested % (if required) _____	Date _____
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