



401(a) Transfer Authorization Form

Participant Instructions

The 401(a) Transfer Authorization Form must be submitted to National Benefit Services, LLC (NBS), the third party administrator, to authorize any Transfer of 401(a) amounts between exchange-eligible investment providers of your employer's 401(a) plan. The surrendering investment provider will 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 surrendering investment provider indicated (unless specified otherwise).

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 this form has been received by NBS in good order, it will be forwarded to your provider within 5 business days.

401(a) Transfer Authorization Form



1 Participant Information

Participant Name

Social Security Number

Participant Mailing Address City, State, Zip Code

Phone Number

Participant Email Address

Date of Birth

School District or Former School District

Broker/Financial Advisor Name

Broker/Financial Advisor Phone Number

2 Surrendering Investment Provider Information

Investment provider from which 401(a) amounts will be exchanged or surrendered (source assets)

Investment Provider

Account Number

Phone Number

Mailing Address City, State, Zip Code

Fax Number

3 Receiving Investment Provider Information

Investment provider that will receive the transfer of 401(a) amounts (destination of assets)

Investment Provider

Account Number

Phone Number

Mailing Address City, State, Zip Code

Fax Number

Is this transfer intended to purchase service credits as part of your employer's defined benefit plan? No Yes

4 Recipient Of This Form

Please indicate the provider (Surrendering or Receiving) to which NBS should send this paperwork. Generally, the Surrendering provider should receive this form but the Receiving provider may instruct you otherwise. If no option is selected, NBS will forward this form and all accompanying paperwork to the Surrendering provider and the Receiving provider.

Surrendering Provider (Provider from which assets will be exchanged)

Receiving Provider (Provider that will be receiving the assets)

Agent/Participant/Other Fax: _____ Email: _____

5 Participant Approval

I certify that all information provided on this form is accurate and correct. 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. (Consult with a tax advisor for tax-related questions.)

Participant Signature (Required)

Date

6 For NBS Use Only

NBS Signature (Required)

Date

Form - 401-202FBC (10/2016)