403(b) Transaction Authorization Form

Questions? Call us at 800-880-2776

Complete and submit this form along with any supporting documentation or forms required by your investment provider to National Plan Administrators, Inc. at the address listed on the bottom of this form. National Plan Administrators will forward approved transaction requests to your investment provider(s).

1. Provide General Account Information

Name of Owner/Participant ____
First MI Last

Mailing Address ____
Street Address City State Zip Code

Social Security Number/Tax ID Number ________________________________

Daytime Phone Number ____________________ Home Phone Number ____________________

Email Address ____

Employer Name ____

Investment Provider Name ____

Product Name ____

Contract/Account Number ____________________ Plan Number or Name ____________________

❑ Retired Retirement Date: ________________ Former Employer Name____________________

2. Transaction Request

❑ **Exchange -** (change of investment choice within the current employer's 403(b) plan):

______________________________ ______________________________
Exchange From Company Exchange To Company

I would like to exchange: ❑Full Balance or ❑Partial Balance Amount $ ____________________

❑ **Transfers** – (moving money from another employers 403(b) plan to the current employer's 403(b) plan)
Note: The former employer's plan must allow transfers out of their plan to proceed with this transfer request.

Please transfer assets from the above product/account to the investment provider and product/account indicated below:

______________________________ ______________________________
Transfer From Company Transfer To Company

______________________________ ______________________________
Name of Former Employer 403b Plan Name of Current Employer Plan

I would like to exchange: ❑Full Balance or ❑Partial Balance Amount $ ____________________

❑ **Loan Request –** I have outstanding loans from other retirement plans, as listed here:

____

____

The amount of this loan request is: $_____________________

Where are your active 403(b) and/or 457 accounts with this employer? _______________________________

____

Have you ever taken out a 403(b) or 457 loan while with this employer? ❑Yes ❑No

If yes, what are the name(s) of the companies? ____

Have you ever defaulted on a 403(b) Loan? ❑ Yes ❑ No

If yes, what 403(b) company was it with? ____

❑ **Financial Hardship Withdrawal** You **must take maximum loan** before taking a hardship withdrawal

Please submit documentation, including receipts to substantiate the hardship need and amount requested. Requests missing documentation will be denied.

The amount of this hardship withdrawal request is: $_______________

Select reason for hardship:

- ❑ Deductible Medical Expenses in excess of 7.5% of gross income
- ❑ Post secondary education, tuition, room and board or related fees
- ❑ Purchase of principal residence (excluding mortgage payments)
- ❑ Prevent eviction from principal residence
- ❑ Funeral expenses for immediate family members
- ❑ Casualty loss of principal residence

If a hardship withdrawal is taken, regulations prohibit contributions to this Plan or any other Plan maintained by your employer during the six-month period following the withdrawal.

❑ **Distribution/Withdrawal** Reason for distribution: (Check all that apply.)

❑ Age 59 ½ ❑ Disabled - Permanent Disability (As defined in section 72(m)(7) of the Internal Revenue Code – Physician's explanation is required.)

❑ Severance from employment on ______________________ (includes retirement, termination, change of employment)
Date

❑ Required Minimum Distribution (RMD)

I would like to receive: ❑Full Balance or ❑Partial Balance Amount $ ______________________________

❑ **Permissive Service Credit**
Moving funds from a 403(b) account to purchase years of service from an approved governmental pension plan.

_________________________________ _________________________________
From Company To Governmental Pension Plan

I would like to move: ❑Full Balance or ❑Partial Balance Amount $ _______________________

❑ **Rollover**

Rollover (from/to Plan) – Please rollover assets from the above product/account to the investment provider and product/account indicated below:

___________________________________ ____
Rollover From Company Rollover To Company

____________________________________ ____
Name of Employer Plan Rolling From Name of Employer Plan Rolling To (If applicable)

Reason for rollover distribution: (Check all that apply.)

❑ Age 59 ½ ❑ Disabled - Permanent Disability (As defined in section 72(m)(7) of the Internal Revenue Code – Physician's explanation is required.)

❑ Severance from employment on ____________________(includes retirement, termination, change of employment)
Date

I would like to move: ❑Full Balance or ❑Partial Balance Amount $ ____________________________

3. Signatures

I understand, acknowledge and certify that:

- National Plan Administrators, Inc. is authorized to review my request for the transaction above.
- I have attached documents necessary for the investment provider to process the transaction.
- If requesting a hardship withdrawal, I have attached documentation to substantiate my request.
- If requesting a rollover contribution, I have met the applicable requirements under my prior plan to request a rollover distribution.
- If requesting a transfer, I have met the applicable requirements under my prior plan to request a transfer.
- If requesting a loan from the account, National Plan Administrators, Inc. will determine if the loan feature is available.
- The information provided herein is complete, accurate and true.

____
Participant Signature Date

TPA USE ONLY:

____ ________________________
Authorized Signature **Approval Date**
National Plan Administrators, Inc.

Notes:

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