



Fringe Benefits Consortium

403(b) Distribution/Rollover Authorization Form

Participant Instructions

The 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) funds from your employer or former employer's plan. Hardship distributions 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 on page 2 unless you clearly indicate 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. After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider. 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.FBCretire.com.

Investment Provider Instructions

NBS represents this participant (or beneficiary) is eligible to distribute or rollover his or her 403(b) funds 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 on page 2. NBS reserves the right to not sign surrendering or receiving vendor paperwork according to the ISA (if applicable).

Please refer to the following link for more information on taxes associated with distributions

<http://www.nbsbenefits.com/documents/Forms/AmeriFund/Special%20Tax%20Notice.pdf>



403(b) Distribution/Rollover 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 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 exchange 403(b) funds to a different investment provider using 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 *severance of service* if you are no longer working for the Sponsoring Employer.

Distributable Event:

Separation of Service (no longer working for the Sponsoring Employer)

Date of Event: _____

*Refer to Section 4 regarding penalty for early distributions

Age 59½ Distribution

Date of Event: _____

Death of participant (provide documentation)

Date of Event: _____

Disability (must be long-term and result in inability to work; provide documentation)

Date of Event: _____

QDRO (Qualified Domestic Relations Order) (provide documentation)

Date of Event: _____

Required Minimum Distribution – age 70½

Date of Event: _____

Correction of excess contribution or deferral

Amount: _____

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

5 For NBS Use Only

NBS Signature (Required)

Date

Form - 403-204FBC (12/2014)