



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.

OPTIONAL: 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: 59 ½ or RMD 73)
- Termination letter on district letterhead (qualifying event: Separation from Service or

Upon completion, fax (1-800-597-8206), email, 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 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.nbsbenefits.com/403b.

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).

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1 Participant Information

Participant Name		Participant Email Address	
Participant Mailing Address, City, State, Zip Code		Employer Name	Employer State
Personal Phone Number	Work Phone Number	Date of Birth	Social Security Number
Financial Advisor/Agent Name		Financial Advisor/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 exchange 403(b) amounts 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 termination of employment if you are no longer working for the Sponsoring Employer.

Distributable Event:

☐ Age 59 ½ Distribution	Date of Event: _____
☐ Separation of Service (no longer working for the Sponsoring Employer) <i>*Refer to Section 4 regarding penalty for early distributions</i>	Date of Event: _____
☐ Required Minimum Distribution - age 73 (must be retired)	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 (provide documentation)	Date of Event: _____
☐ Plan to Plan Transfer	Date of Event: _____
☐ Rollover Funds only	Date of Event: _____
☐ Adoption or Birth Expense (provide documentation)	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) 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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5 For NBS Use Only

NBS Signature (Required)	Vesting % (if required)	Date
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Form - 403-204 (07/2023)