

This form must be submitted to SchoolsFirst Plan Administration to authorize an exchange (aka contract exchange) of 403(b) funds between 403(b) Investment Providers within the same employer plan. It is also used to authorize an exchange to purchase service credits from a defined benefit plan (i.e., CalPERS or CalSTRS). If you are requesting a Direct Rollover from your 403(b) plan to an IRA or other Qualified Plan, complete the Plan Distribution/Rollover Authorization Form. Your district's 403(b) Plan does not allow for Plan-to-Plan Transfers.

Note: Please allow 5-7 business days for the authorization of your request. Missing or incomplete information will result in a delay of your request.

1 Participant Information

First Name	Last Name	Social Security Number (REQUIRED)	Date of Birth
Street Address	City	State	Zip Code
School District Listed as Employer on This Account (REQUIRED)		Participant Email Address	
Financial Advisor/Agent Name		Financial Advisor/Agent Phone Number	

2 Surrendering Investment Provider Information

Provide information about your account (source of assets)

Name of Surrendering Investment Provider	Account Number	Phone Number
Investment Provider Street Address	City	State
		Zip Code

3 Receiving Investment Provider Information – Must be an approved investment provider with your employer. See Approved Provider List.

Provide information about the account you are requesting to move your money to (destination of assets). Account must already be established.

Name of Receiving Investment Provider	Account Number	Phone Number
Investment Provider Street Address	City	State
		Zip Code

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

4 Forwarding Instructions

This Authorization Form, along with any attached paperwork, will be sent to the **Surrendering Investment Provider** via fax unless otherwise indicated. If no fax number is provided below your forms will be sent to the default number on record. These forms contain non-public personal information and will not be emailed.

Investment Provider: _____ Fax Number: _____

Other: _____ Fax Number: _____

5 Participant Approval

I authorize the release of non-public personal information pertaining to the above accounts and transaction to SchoolsFirst Plan Administration representatives as necessary to administer the Plan. I certify that the information I have provided is accurate.

Participant Signature (REQUIRED)	Date
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6 For SchoolsFirst Plan Administration Use Only

SchoolsFirst Plan Administration represents this exchange is permitted by the employer's plan and is in accordance with the Information Sharing Agreement entered into by the receiving provider and SchoolsFirst Plan Administration, provided that SchoolsFirst Plan Administration has signed below. SchoolsFirst Plan Administration, LLC reserves the right to not sign surrendering or receiving vendor paperwork according to the ISA (if applicable).

Authorized SchoolsFirst Plan Administrator Signature (REQUIRED)	Date
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Required Documents

A SchoolsFirst Plan Administration Plan Authorization Form must be submitted to SchoolsFirst Plan Administration to authorize any transaction involving 403(b) or Roth 403(b) amounts from investment providers of your employer or former employer’s plan. The investment provider may require its own paperwork in addition to our Authorization Form. Authorization Forms provide a summary of critical information regarding your request that assists us with authorizing the transaction. Please review the instructions below to ensure that you are providing all necessary documents to expedite the authorization process.

Authorization Type	Include the Following Documentation
Distribution/Rollover	1. Completed Investment Provider distribution/rollover paperwork. 2. Completed SchoolsFirst Plan Administration Plan Distribution/Rollover Authorization Form. Requires a distributable event (i.e., age 59 ½, RMD, separation from service, death, disability, QDRO, or excess correction) Note: Part-time substitute and adjunct employees are not considered separated from service. Verification of your distributable event is required. For age related events, please include a copy of a valid ID for verification.
403(b) Hardship Withdrawals	1. Completed Investment Provider hardship distribution paperwork. 2. Completed SchoolsFirst Plan Administration Plan Hardship Authorization Form and Hardship Questionnaire. 3. Proof of unpaid hardship expenses equal to or more than the amount requested. Note: Contributions to all employer plans under this district must cease for a 6-month period for a hardship distribution to be approved. See Plan Hardship Distribution Documentation Guidelines for clarification on qualified hardship reasons and specific documentation guidelines.
Exchanges*	1. Completed Investment Provider exchange paperwork. 2. Completed SchoolsFirst Plan Administration Plan Exchange Authorization Form.
Purchase of Service Credit	1. Completed Investment Provider paperwork. 2. Completed STRS, PERS or PARS paperwork. 3. Completed SchoolsFirst Plan Administration Plan Exchange Authorization Form.
Plan Loans	1. Completed Investment Provider loan paperwork. 2. Completed SchoolsFirst Plan Administration Plan Loan Authorization Form. 3. Current account statements for each Investment Provider listed on the authorization form. Note: If requesting a residential loan, proof of home purchase must also be submitted. If a default has been repaid, offset or otherwise returned to good standing, please provide proof.
QDRO Distribution/Rollover	1. Completed SchoolsFirst Plan Administration QDRO Distribution/Rollover Authorization Form. 2. Documentation pertaining to the division of retirement assets due to divorce.
<p>*Exchanges As of January 1, 2009, participants may only exchange their accounts among the approved providers in the employer’s 403(b) Plan. To verify that the provider you have selected is an approved provider, review the SchoolsFirst Plan Administration Approved Provider List available online at www.schoolsfirstfcu.org.</p>	

Processing Time Commitment

After this form has been received by SchoolsFirst Plan Administration in good order, it will be forwarded to your Investment Provider in 5-7 business days. Once authorized, please contact your Investment Provider to obtain information regarding the status of your request.

Submission Instructions

To expedite processing, fax the required forms for your request (as listed above) to: **Attention: Retirement Plan Administration 714.258.4262**

Forms may also be returned to a SchoolsFirst FCU branch location or mailed to: **SchoolsFirst Plan Administration
Attention: Retirement Plan Administration
P.O. Box 11547
Santa Ana, CA 92711**

Questions? Contact us at 800.462.8328, extension 4727

Our Plan Administrators are available to assist you Monday through Friday, 7 a.m. to 7 p.m., and Saturdays, 9 a.m. to 3 p.m. Pacific Time.

SchoolsFirst Plan Administration is not responsible for transaction requests that are submitted to an incorrect number resulting in personal or private information sent to a wrong location. Please check the fax number carefully before sending requests to SchoolsFirst Plan Administration.