

# Plan Distribution/Rollover Authorization Form

FAX COMPLETED FORMS TO: 714.258.4262

This form must be submitted to SchoolsFirst Plan Administration to authorize a distribution or rollover of 403(b) funds from your current employer or former employer's plan. Your Investment Provider may require its own paperwork in addition to this form, you may include that paperwork when submitting this form. All attached forms will be forwarded to the Investment Provider indicated below upon authorization. Your district's 403(b) Plan does not allow for Plan-to-Plan Transfers. If your distribution is due to divorce, please submit the QDRO Distribution/Rollover Authorization Form along with documentation.

**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 _____		Financial Advisor Phone Number _____	

## 2 Qualifying Distributable Event

The following is a list of IRS approved distributable events; if none of the events listed below apply to you, you may not be eligible for a distribution or rollover. Contact your investment provider, financial advisor, or Plan Administrator for additional information regarding access to your retirement account.

**Select Only One Applicable Event:**

- Age Based Eligibility - 59 ½ or 70 ½ RMD \*Please provide a copy of your valid ID  
**Date of Event**
- Separation of Service/Retirement (No longer working for this School District, district will verify)  
**Note:** Due to verification process this may take additional processing time. \_\_\_\_\_ \*We Will Confirm
- Death of Participant (Death Certificate Required, Beneficiary will be Verified) \_\_\_\_\_ \*Provide Documentation
- Disability (Must be long term and/or permanent & result in inability to work; IRC Section 72(m)(7))  
**Note:** Documentation from a medical professional is required to authorize a disability request. \_\_\_\_\_ \*Provide Documentation
- Correction of Excess Contribution or Deferral Amount: \$ \_\_\_\_\_ \_\_\_\_\_ \*Provide Tax Year

## 3 Investment Provider Information

Enter information for the **Investment Provider** currently holding the assets you wish to distribute or rollover.

Investment Provider _____	Account Number _____	Phone Number _____
Mailing Address _____	City _____	State _____ Zip Code _____

## 4 Forwarding Instructions

Provide a valid **fax number for the Investment Provider** listed above or indicate a contact you would like the authorized form faxed to. If no fax number is provided your form will be sent to the default number on record. These forms contain non-public personal information and will not be emailed.

Fax Number _____	Attention (if applicable) _____
------------------	---------------------------------

## 5 Participant/Beneficiary Approval (Beneficiary signature only applicable upon participant's death)

I authorize the release of non-public personal information pertaining to the above accounts to SchoolsFirst Plan Administration representatives as necessary to administer the Plan and certify that the information I have provided on this form is accurate. I understand that taxes may apply to any distribution I receive that is not rolled over. I am aware that I may be assessed a 10% early withdrawal penalty by the IRS if I am under the age of 59½.

Participant / Beneficiary Signature (REQUIRED) _____	Date _____
--	------------

## 6 For SchoolsFirst Plan Administration Use Only

SchoolsFirst Plan Administration represents this participant (or beneficiary) is eligible to distribute or rollover amounts in accordance with the employer's plan and the Information Sharing Agreement entered into by your company and SchoolsFirst Plan Administration, provided that SchoolsFirst Plan Administration has signed below. SchoolsFirst Plan Administration, LLC reserves the right to not sign vendor paperwork according to the ISA.

Authorized SchoolsFirst Plan Administrator Signature (REQUIRED) _____	Date _____
---	------------

**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.

<b>Authorization Type</b>	<b>Include the Following Documentation</b>
<b>Distribution/Rollover</b>	<ol style="list-style-type: none"> <li>1. Completed Investment Provider distribution/rollover paperwork.</li> <li>2. Completed SchoolsFirst Plan Administration Plan Distribution/Rollover Authorization Form.</li> </ol> <p>Requires a distributable event (i.e., age 59 ½, RMD, separation from service, death, disability, QDRO, or excess correction)</p> <p>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.</p>
<b>403(b) Hardship Withdrawals</b>	<ol style="list-style-type: none"> <li>1. Completed Investment Provider hardship distribution paperwork.</li> <li>2. Completed SchoolsFirst Plan Administration Plan Hardship Authorization Form and Hardship Questionnaire.</li> <li>3. Proof of unpaid hardship expenses equal to or more than the amount requested.</li> </ol> <p>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.</p>
<b>Exchanges*</b>	<ol style="list-style-type: none"> <li>1. Completed Investment Provider exchange paperwork.</li> <li>2. Completed SchoolsFirst Plan Administration Plan Exchange Authorization Form.</li> </ol>
<b>Purchase of Service Credit</b>	<ol style="list-style-type: none"> <li>1. Completed Investment Provider paperwork.</li> <li>2. Completed STRS, PERS or PARS paperwork.</li> <li>3. Completed SchoolsFirst Plan Administration Plan Exchange Authorization Form.</li> </ol>
<b>Plan Loans</b>	<ol style="list-style-type: none"> <li>1. Completed Investment Provider loan paperwork.</li> <li>2. Completed SchoolsFirst Plan Administration Plan Loan Authorization Form.</li> <li>3. Current account statements for each Investment Provider listed on the authorization form.</li> </ol> <p>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.</p>
<b>QDRO Distribution/Rollover</b>	<ol style="list-style-type: none"> <li>1. Completed SchoolsFirst Plan Administration QDRO Distribution/Rollover Authorization Form.</li> <li>2. Documentation pertaining to the division of retirement assets due to divorce.</li> </ol>
<p><b>*Exchanges</b> 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 <a href="http://www.schoolsfirstfcu.org">www.schoolsfirstfcu.org</a>.</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.**