

FAX COMPLETED FORMS TO: (714) 258-4185

Submission of this form initiates an outgoing exchange/transfer or direct rollover from the SchoolsFirst FCU 457(b) DCP Share Certificate to another approved provider. Contact your receiving provider to confirm the receiving account's address and acceptance of these funds.

Note: Please allow **5-7 business days** for processing.

1 Participant Information

First Name	Last Name	Social Security Number (REQUIRED)	Date of Birth
Street Address	City	State	Zip Code
School District	Email Address		

2 Types of Transaction (Select A or B)

A. Transfer/Exchange

- 457(b) Pre-Tax Transfer: 457(b) to 457(b) under the same employer.
- Transfer to Purchase Service Credits: **Documentation required.**

B. Rollover

- Rollover to an IRA or Another Qualified Plan (Select the receiving plan type below).
 - 403(b) 401(k) IRA Other: _____

Reason for Withdrawal: (Needed for Rollover Only)

- Separation of Service/Retirement [Date: _____]
- Age 59 1/2.

Provide documentation for Disability or Death

- Permanent and Total Disability.
- Death *(Complete Section 3).*

3 Death Distribution (Direct Rollover) – Beneficiary Information

Participant Date of Death: _____

Complete this section only if requesting a death distribution.

Beneficiary Name	Social Security Number (REQUIRED)	Date of Birth
Beneficiary Mailing Address	City	State
	Zip Code	Phone Number

Select One:

1. Spousal Direct Rollover to my IRA, Qualified Plan, or Inherited IRA.
2. Non-Spouse Direct Rollover to an Inherited IRA.

Note: Please provide a copy of the participant's death certificate and the beneficiary's photo ID. Each beneficiary must complete their own form.

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4 Withdrawal Instructions (Required Section)

1. Withdrawal Account Details:

DCP Member Number

DCP Share ID

2. Amount:

Full Withdrawal.

Partial Withdrawal \$ _____.

RMD: If the participant is age 73 and older, we may first pay the remaining Required Minimum Distribution (RMD) prior to the Transfer/ Rollover if required by the Plan.

5 Receiving Provider Information

Please contact the receiving investment provider to ensure correct address and acceptance.

Name of Receiving Investment Provider

Attention of

Investment Provider Street Address for Check Acceptance

City

State

Zip Code

Account Number (Required)

Type of Plan (i.e. 403b, 457b, 401k, IRA)

Fax Number to Send Copy of Paperwork

6 Delivery Method

Regular Mail (*Default*).

Overnight Delivery – No P.O. Boxes.

7 Signatures

I certify that I am the proper party to initiate this request. I have read and completed the instructions and authorize the above DCP Outgoing Transfer/Rollover and certify that all information provided by me, including my tax identification number, is true and accurate. I certify that the payee is eligible to accept the transfer/rollover on my behalf. I am responsible for completing any necessary paperwork so the receiving provider may properly accept my funds. For rollovers to another institution, a tax form will be given in January the year following my request. I understand that it will be my responsibility to report the rollover to the IRS upon receipt of tax Form 1099-R¹. I authorize the transaction to be processed as instructed on this form.

Participant/Beneficiary Signature (Required)

Print Name

Date

TO BE COMPLETED BY SCHOOLSFIRST FCU (CUSTODIAN)

TPA Authorization	Date
SchoolsFirst FCU Representative	Date

1. Please consult a tax advisor for additional questions.