

Outgoing Transfer/Rollover Form

Submission of this form initiates an outgoing exchange/transfer or direct rollover from the SchoolsFirst FCU/Nationwide Retirement Builder Plan or 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 of this request.

1 Participant Information

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

2 Type of Transaction (Select A or B)

A) Transfer/Exchange

- 403(b) Pre-Tax Exchange: 403(b) to 403(b) under the same employer
- Roth 403(b) Exchange: Roth 403(b) to Roth 403(b) under the same employer
- 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 receiving plan type below)

403(b) 401(k) IRA Other: _____

Reason for Withdrawal: (Needed for Rollover Only)

- Separation of Service/Retirement [Date: _____]
- Age 59 ½

Provide documentation for Disability or Death

- Permanent and Total Disability (403b)
- 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 # _____

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 valid photo ID. Each beneficiary must complete their own form.

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4 Withdrawal Instructions

***Required Section**

A) Select the Withdrawing Plan Type:

- 403(b) Roth 403(b) 401(a) 457(b)
 Nationwide Retirement Builder Plan 457(b)
 SchoolsFirst FCU 457(b) DCP Share Certificate

DCP Member #

DCP Share ID

B) Amount:

- Full Withdrawal
 Partial Withdrawal \$ _____

RMD: If the participant is age 72 and older, we may first pay the remaining Required Minimum Distribution (RMD) prior to the Transfer/ Rollover if required by the Plan.

C) Fund Selection Options: *(Funds will be liquidated from your Nationwide account proportionally unless otherwise specified)*

Fund Name	Fund Code	Percentage %
_____	_____	_____
Fund Name	Fund Code	Percentage %
_____	_____	_____

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 # (REQUIRED)

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

Fax # to Send Copy of Paperwork

6 Delivery Method

- Regular Mail *(Default)*
 Overnight Delivery - No P.O. Boxes. **(\$20 fee)**

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 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-R. Please consult a tax advisor for additional questions. I authorize the transaction to be processed as instructed on this form.

Participant/Beneficiary Signature (REQUIRED)

Print Name

Date

BOX BELOW TO BE COMPLETED BY THE TPA / CUSTODIAN

TPA Authorization

Date

Custodian Approval

Date

(01/2020)