

# Outgoing Transfer/Rollover Form

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FAX COMPLETED FORMS TO: 714.258.4051

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 (403b)
- Age 70 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 photo ID. Each beneficiary must complete their own form.

(03/2019)

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## 4 Withdrawal Instructions

### 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 70.5 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