

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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