

# FBC 403(b) Distribution/Rollover Authorization Form



<b>Participant Instructions</b>	<p>The FBC 403(b) Distribution/Rollover Authorization Form must be submitted to National Benefit Services, LLC (NBS), the third party administrator for the FBC Program, to authorize a distribution or rollover of 403(b) amounts from your employer or former employer's plan. There are two types of distributions which do <u>not</u> require this form. 1) Hardship distributions require submission of a different form, the FBC 403(b) Hardship Authorization Form. 2) Required minimum distributions following attainment of age 70 1/2 do not require NBS authorization. Your investment provider may require its own paperwork in addition to this form. You may wish to attach your investment provider's paperwork to this form. All attached forms or paperwork will be forwarded to the investment provider indicated below. Complete steps 1-5 and mail or fax this form to NBS. Inquiries regarding the status of your distribution or rollover may be directed to NBS at (800) 274-0503. After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider. After this form has been received by NBS in good order, it will be forwarded to your provider within 5 business days.</p> <p style="text-align: center;"> <b>NBS Mailing Address:</b> National Benefit Services, LLC                  P.O. Box 698                  West Jordan, UT 84084             </p> <p style="text-align: center;"> <b>NBS Fax Number:</b> (800) 597-8206  <b>NBS Phone Number:</b> (800) 274-0503 ext. 5             </p>		
<b>Investment Provider Instructions</b>	NBS and the FBC represent this participant (or beneficiary) is eligible to distribute or rollover of 403(b) amounts in accordance with the employer's plan and the 403(b) Provider/Information Sharing Agreement entered into by your company and NBS provided that NBS has signed below.		
<b>Step 1</b>	Participant Name	Social Security Number	Date of Birth
<b>Participant Information</b>	Participant Mailing Address	Home Phone Number	Work Phone Number
	(Street) _____  (City, ST ZIP) _____	Sponsoring Employer of Plan (District Name)	
<b>Step 2</b>	Select all applicable reasons for withdrawal and the date of the applicable event. If none of the events listed below apply to you, you may not be eligible for a distribution or rollover. You may still be eligible to transfer 403(b) amounts to a different investment provider using the FBC 403(b) Transfer Authorization Form. Contact your investment provider, financial advisor, or NBS for additional information.		
<b>Reason(s) for Withdrawal</b>	<p><b>Distributable Event:</b></p> <p><input type="checkbox"/> Termination of employment from Sponsoring Employer      Date of event : _____</p> <p><input type="checkbox"/> Retirement      Date of event : _____</p> <p><input type="checkbox"/> Attainment of age 59 ½      Required minimum? <input type="checkbox"/> Y <input type="checkbox"/> N      Date of event : _____</p> <p><input type="checkbox"/> Death of participant (provide documentation)      Date of event : _____</p> <p><input type="checkbox"/> Disability (provide documentation)      Date of event : _____</p> <p><input type="checkbox"/> QDRO (provide documentation)      Date of event : _____</p> <p><input type="checkbox"/> Correction of excess contribution or deferral      Tax year : _____</p>		
<b>Step 3</b>	Indicate the investment provider that currently holds the assets you wish to distribute or rollover		
<b>Source of Assets</b>	Investment Provider: _____ Account Number _____ Street or P.O. Box _____ City, State, Zip _____ Phone Number _____ Fax Number _____		
<b>Step 4</b>	Destination of Assets (you are not required to answer this question but it may assist your vendor in processing the transaction)		
<b>Recipient</b>	<input type="checkbox"/> Participant or Beneficiary <input type="checkbox"/> Rollover to _____ (vendor name)		
<b>Step 5</b>	I recognize that the information contained on and attached to this form will be shared with a third party, National Benefit Services, LLC (NBS), as necessary to administer the Plan in accordance with the Internal Revenue Code. I authorize the release of non-public information pertaining to the above accounts and transaction to FBC and NBS representatives as necessary to administer the plan.		
<b>Participant/Beneficiary Approval</b>	_____ Participant Signature (or Beneficiary Signature if participant is deceased) (Required)		_____ Date
<b>For NBS Use Only</b>	_____ NBS Signature (Required)		_____ Date