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P.O. Box 11547, Attn: Retirement Planning, RH3, Santa Ana, CA 92711

Submission of this form initiates a transfer/rollover into the SchoolsFirst/Nationwide Retirement Builder Plan 403(b)/457(b)/401(a) or from another investment provider. Contact your existing provider to see if any additional paperwork is necessary to complete the transaction.

NOTE: Please allow 5 business days for approval of this request. Once SchoolsFirst has approved your request, contact your existing investment provider for status of releasing the funds.

For Nationwide, please make check payable to: Nationwide Retirement Solutions, FBO (Participant Name, SSN, Acct#) and mail to Nationwide, PO Box 183150, Columbus, OH 43218.

Participant Information

Name: _____

SSN or Nationwide Account Number: _____ Date of Birth: _____

Preferred Phone Number¹: _____ Phone Type: Home Work Cell

Email: _____

School District: _____ Plan Number: _____

Financial Advisor Name: _____ Advisor ID: _____

¹Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize Nationwide to contact you via telephone using automated technology to assist you with your account.

Type of Transfer (complete either Section A or Section B)

Section A: Transfer

Use this option if moving funds under the same employer, but between different investment providers

- 403(b) to 403(b) 457(b) to 457(b)
- Pre-Tax Salary Reduction Pre-Tax Salary Reduction
- Roth Contribution Roth Contribution

Section B: Rollover from Another Qualified Plan

Use this option if moving funds from a prior employer to you current employer's plan

Rollover **FROM** Existing Account Type:

- 403(b) Roth 403(b) 401(k) 457(b) Roth 457(b) 401(a) Pension
- Other: _____

Rollover **TO**:

- | | | |
|--|---|--|
| <input type="checkbox"/> 403(b) | <input type="checkbox"/> 457(b) | <input type="checkbox"/> 401(a) |
| <input type="checkbox"/> Rollover(Pre-Tax) | <input type="checkbox"/> Rollover 457 | <input type="checkbox"/> Rollover(Pre-Tax) |
| <input type="checkbox"/> Roth Rollover | <input type="checkbox"/> Roth Rollover | |
| <input type="checkbox"/> Rollover 457 | <input type="checkbox"/> Rollover(Pre-Tax) - Non 457(b) | |

Transfer/Rollover Instructions

Recurring Transaction (Follow these instructions for each instance)

Frequency: Monthly Quarterly Semi-Annually Annually

Amount to Transfer/Rollover (Select One):

- Full Transfer/Rollover, Estimated amount of: _____
- Partial Transfer/Rollover, in the amount of: _____
- 100% of the available Penalty-Free Amount Estimated amount of: _____ (This amount is subject to change.)

Does the Transfer/Rollover include Roth? Yes No

If Yes, provide: Year of first Roth Contribution: _____

Estimated Roth Amount: \$ _____ (see prior provider/custodian)

Roth Basis Amount: \$ _____ (total contributions without earnings)

Existing Provider Information (Institution where funds are coming from)

For Tracking Purposes Only: Yes No

Originals Required: Yes No

Name of Existing Investment Provider: _____

Phone Number: _____ Fax Number: _____

Investment Provider Address: _____

City: _____ State: _____ Zip: _____

Name of School District or Employer on this Account: _____

Account Number: _____

Investment Direction

Use my existing allocation mix (Default if nothing selected)

Create a custom allocation mix for transfer/rollover funds only (Must total 100%. This does not change existing allocations.)

Fund Name: _____ % Fund Name: _____ %

Fund Name: _____ % Fund Name: _____ %

Fund Name: _____ % Total Percentage (100%) _____ %

Participant Signature

By signing this Transfer/Rollover Form, I certify that I satisfy the requirements for making this Transfer/Rollover and this represents an amount which is eligible for Transfer/Rollover. I expressly assume responsibility for the eligibility of this Transfer/Rollover and any tax consequences thereof. I understand some mutual funds may impose a short term trading fee. Please read the underlying fund prospectuses carefully. I hereby direct the investment provider identified on this form to liquidate the designated amount of the account listed above and send the proceeds to my corresponding 403(b), Roth 403(b), 457(b), Roth 457(b) or 401(a) Custodial Account. I authorize the release of non-public information pertaining to the above transaction to SchoolsFirst Retirement Planning, and/or Nationwide Financial as necessary to process this request. I am aware that it is my responsibility to contact my existing provider to confirm if any additional forms are required to complete the transaction.

I wish to waive any conservation that might be in effect. (Not electing this option could delay transfer time.)

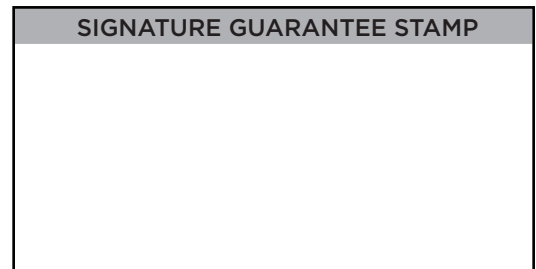
I authorize a representative of Nationwide to receive transfer status information including, but not limited to, current status, good order requirements, cost basis, and processing time.

Participant:

Name: _____

Signature: _____

Date: _____



Third Party Administrator and/or Custodian Signatures

TPA Authorization:

Name: _____

Signature: _____ Date: _____

Custodian Approval:

Name: _____

Signature: _____ Date: _____

Form Return