

Phone: 800-462-8328 ext. 4116, option 1 • Fax: 714-258-4051 • SchoolsFirstRP.com

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

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

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: _____

Financial Advisor Phone Number: _____

Optional - Send me alerts regarding this distribution via: Email SMS Text Message² to Cell number listed above

How would you like to be contacted if additional information is required? Email Phone

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.

²By selecting this option you are opting into receiving text messages from Nationwide. Message and data rates may apply.

Type of Transaction (select one)

NOTE: Please complete a separate form for each plan you are exchanging, transferring, or rolling from.

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
- Roth 457(b) Exchange: Roth 457(b) to Roth 457(b) under the same employer

B. Rollover (Receiving Plan)

- Rollover to an IRA or Another Qualified Plan (Select receiving plan type below)
 - 403(b) 457(b) 401(k) IRA Other: _____

Reason for Withdrawal: (Needed for Rollover Only)

- Separated from Employment/Retired (Date: _____)
- Over Age 59 1/2
- Permanent and Total Disability [**Provide documentation**]

C. Transfer to Purchase Service Credits: Documentation required

Instructions

A. Plan/Source Type:

- 403(b) pre-tax 403(b) Roth 401(a) 457(b) pre-tax 457(b) Roth

B. Payment Type:

- Full Amount
- Partial Amount: \$ _____

TPA ONLY:

Does the outstanding RMD amount need to be processed? Yes No

If no payment information is on file a check will be issued to the address of record

C. Direction:

If an option is not selected, your assets will be distributed from all money sources and investment funds (pro-rata). If you indicate a percentage, you must use whole percents only.

1. Proportionately from all funds (pro-rata)

2. From Specific Funds (please list funds)

_____ \$ _____ or _____% _____ \$ _____ or _____%
 _____ \$ _____ or _____% _____ \$ _____ or _____%

Receiving Provider Information

Please contact the receiving investment provider to ensure correct address and acceptance

Receiving Provider Name: _____

Attention of: _____

Investment Provider Street Address for Check Acceptance: _____

City: _____ State: _____ ZIP: _____

Fax Number: _____ Account Number: _____ Type of Plan: _____

Delivery Method

- Regular Mail to Receiving Provider Above (Default)
- Overnight Delivery to Receiving Provider Above - No P.O. Boxes. (\$25 fee)
- Regular Mail to my address of record (CalPERS transfers only)

Tax ID Certification

NOTE: Backup withholding does not apply to retirement plan distributions. FATCA does not apply as this is a U.S. account. Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number or Social Security Number listed on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

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 certify that I have received the Special Tax Notice Regarding Plan Payments and, by signing, I waive the 30-day notice. 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. Please consult a tax advisor for additional questions. I authorize the transaction to be processed as instructed on this form.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Participant:

Name: _____

Signature: _____ Date: _____

TPA Authorization:

Administrator Special Instructions: _____

Name: _____

Signature: _____ Date: _____

Form Return

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

By fax: 1-714-258-4051
By email: retirementadvisors@schoolsfirstfcu.org