

457(b) Transaction Authorization Form

Questions? Call us at 800-880-2776 or E-mail us at TSA@NatlPlan.com

Complete and submit this form along with any supporting documentation or forms required by your investment provider to National Plan Administrators, Inc. at the address listed on the bottom of this form. National Plan Administrators will forward approved transaction requests to your investment provider(s).

1. Provide General Account Information

Name of Owner/Participant _____
First MI Last

Mailing Address _____
Street Address City State Zip Code

Social Security Number/Tax ID Number _____ Date of Birth _____

Daytime Phone Number _____ Home Phone Number _____

Email Address _____

Current Employer Name _____

Former Employer Name _____ Separation Date: _____

Investment Provider Name _____

Contract/Account Number _____

Product Name (list your product name ONLY if you know it) _____

2. Transaction Request – Please select **only one** of the following transaction request types below.

- Provider-to-Provider Transfer** - (change of investment choice within the current employer's 457(b) plan.):

Transfer From Company Transfer To Company

I would like to transfer: Full Balance or Partial Balance Amount \$ _____

- Plan-to-Plan Transfer** – (moving money from a former employer's 457(b) plan to the current employer's 457(b) plan.)

The former employer's plan must allow transfers out of their plan and the current employer's plan must allow transfers into their plan to proceed with this transfer request.

Transfer From Company Transfer To Company

Name of Former Employer 457(b) Plan Name of Current Employer 457(b) Plan

Severance from former employer on _____
Date

I would like to transfer: Full Balance or Partial Balance Amount \$ _____



Loan Request – (Check with your financial advisor to see if loans are available in your employer’s plan.)

The amount of this loan request is: \$ _____

List below all the names of the investment companies where you have 457(b), 403(b) and/or 401(a) employer sponsored retirement accounts:

_____ List Investment Companies Here _____

Have you ever taken out a 457(b), 403(b) or 401(a) loan while with this employer? Yes No

- If yes, what are the name(s) of the companies you borrowed from? _____

- Which of the companies listed above do you have outstanding loans with? _____

Have you ever defaulted on a 457(b), 403(b) or 401(a) Loan? Yes No

- If yes, list the companies with which you have a defaulted loan _____

Financial Hardship Withdrawal

Please submit documentation, including receipts to substantiate the hardship need and amount requested. Requests missing documentation will be denied.

The amount of this hardship withdrawal request is: \$ _____

Select reason for hardship:

- Deductible Medical Expenses
- Prevent eviction from principal residence
- Funeral expenses for immediate family members
- Casualty loss of principal address

If a hardship withdrawal is taken, regulations prohibit contributions to this Plan or any other Plan maintained by your employer during the six-month period following the withdrawal.

Distribution/Withdrawal Reason for distribution: (Check all that apply.)

Severance from employment on _____ (includes retirement, termination, change of employment.)
Date

Disabled - Permanent Disability (As defined in section 72(m)(7) of the Internal Revenue Code – Physician’s explanation is required.)

Required Minimum Distribution (RMD) age 70 ½

Death of participant on _____
Date

I am still employed, but have not contributed in at least 24 months _____
Date of Last Contribution

I would like to receive: Full Balance or Partial Balance Amount \$ _____



- Rollover** (from/to Plan):
- **Rollovers into the Plan** - If rolling from a non-457(b) product, or qualified government pension plan, list the source of the assets {e.g. IRA, TRS, 403(b) etc...} in the space labeled "Name of Employer Plan Rolling From/Product Type."
 - **Rollovers from the Plan** - If rolling to a non-457(b) product, list the product name for the destination of the assets {e.g. IRA, 403(b), 401(k), etc...} in the space labeled "Name of Employer Plan Rolling To/Product Type."

Rollover From Company Rollover To Company

Name of Employer Plan Rolling From Name of Employer Plan Rolling To/Product Type

Reason for rollover distribution: **(Check all that apply.)**

- Severance from employment on _____(includes retirement, termination, change of employment)
Date
- Disabled - Permanent Disability (As defined in section 72(m)(7) of the Internal Revenue Code – Physician’s explanation is required.)
- Required Minimum Distribution (RMD) age 70 ½ Death of participant on _____
Date
- I am still employed, but have not contributed in at least 24 months _____
Date of Last Contribution

I would like to move: Full Balance or Partial Balance Amount \$ _____

3. **Non-Financial Change Requests** – Please select the type of change from the list below

- Name Change _____
Previous Name New Name
- Address Change _____
Street Address City State Zip Code

4. **Signatures**

I understand, acknowledge and certify that:

- National Plan Administrators, Inc. is authorized to review my request for the transaction above.
- I have attached documents necessary for the investment provider to process the transaction.
- If requesting a hardship withdrawal, I have attached documentation to substantiate my request.
- If requesting a rollover contribution, I have met the requirements under my prior plan to request a rollover distribution.
- If requesting a transfer, I have met the applicable requirements under my prior plan to request a transfer.
- If requesting a loan from the account, National Plan Administrators, Inc. will determine if the loan feature is available.
- The information provided herein is complete, accurate and true.

Participant Signature Date

TPA USE ONLY:

<p>Authorized Signature National Plan Administrators, Inc.</p>	<p>Approval Date</p>
---	-----------------------------

Notes:

<input type="checkbox"/> Verified Date of Severance _____	<input type="checkbox"/> Verified Date of Birth _____
<input type="checkbox"/> Verified Date of Hire _____	<input type="checkbox"/> Verified Other _____

