

# 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 Exchange** - (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 \_\_\_\_\_

☐ **Unforeseen Emergency Withdrawal**

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

The amount of this Unforeseen Emergency withdrawal request is: \$ \_\_\_\_\_

Select reason for Unforeseen Emergency:

- ☐ Deductible Medical Expenses not covered by insurance or other reimbursements
- ☐ Prevent foreclosure of or eviction from principal residence
- ☐ Funeral expenses for immediate family members
- ☐ Casualty loss of principal address

An unforeseeable emergency is defined as a severe financial hardship of the Participant resulting from (a) an illness or accident of the Participant, the Participant's spouse, or the Participant's dependent (as defined in Section 152(a)); (b) loss of the Participant's property due to casualty (including the need to rebuild a home following damage to a home not otherwise covered by homeowner's insurance, e.g. as a result of a natural disaster); (c) the need to pay for the funeral expenses of the Participant's spouse or dependent (as defined in section 152(a) of the Code); (d) or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the Participant. Neither the purchase of a home nor the payment of college tuition is an unforeseeable emergency.

A distribution on account of unforeseeable emergency may not be made to the extent that such emergency is or may be relieved through reimbursement or compensation from insurance or otherwise, by liquidation of the Participant's assets, to the extent the liquidation of such assets would not itself cause severe financial hardship, or by cessation of deferrals under the Plan.

☐ **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
- ☐ In-Service Distribution of \$5,000.00 or less \_\_\_\_\_  
Date of Last Contribution

To perform an In-Service Distribution you must be still employed, have not contributed to the Plan for the past 24 months, and have not received a prior distribution utilizing this option under the Plan.

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
- ☐ In-Service Distribution Rollover Request of \$5,000.00 or less \_\_\_\_\_  
Date of Last Contribution

To perform an In-Service Distribution you must be still employed, have not contributed to the Plan for the past 24 months, and have not received a prior distribution utilizing this option under the Plan.

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 an unforeseen emergency 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:**

\_\_\_\_\_  
**Authorized Signature**  
**National Plan Administrators, Inc.**

\_\_\_\_\_  
**Approval Date**

**Notes:**      ☐ Verified Date of Severance \_\_\_\_\_      ☐ Verified Date of Birth \_\_\_\_\_  
                 ☐ Verified Date of Hire \_\_\_\_\_      ☐ Verified Other \_\_\_\_\_

