

## 403(b) Plan Notice – The Importance of Name & Address Changes

Dear 403(b) Participants,

It has come to our attention that many participants are either undervaluing or unaware of the importance of keeping us informed at all times of any name change or address change that they incur. Please note that making sure that your school district, your 403(b) Plan Administrator (NPA) and your 403(b) Investment Provider is of great importance. This most likely will require three separate notifications, but is imperative that they are made.

By not notifying those who are administering and investing your 403(b) of a change in name or address you are essentially creating a situation that will end up negatively affecting you in the end. There are a number of different negative scenarios that can result from those associated with your 403(b) not having your correct name or contact information. Please see the following examples.

Having incorrect name or address information can result in:

- incorrect processing of your funds
- delays in transactional requests (i.e. distributions, exchanges, transfers, loans, hardships etc...)
- the complete inability to inform you of important plan or IRS notices concerning your account (such as Required Minimum Distributions)
  - Not performing RMDs correctly can result in hefty penalties levied against your 403(b) account by the IRS.

The process of updating your Plan Administrator and Investment Provider with your correct name and contact information is quite simple and requires the completion of our 403(b) Transaction Authorization Form along with your Investment Provider's form to change your name/address. Contact your Investment Provider to have them provide you with the correct form and then complete and return their form as well as our form to NPA for processing. Instructions to perform a "Name Change/Address Change," otherwise known as a "Non-Financial Request," have been attached to this notice for your convenience.

If you should have any questions with regards to the information provided within this notice or the Non-Financial Request instructions please contact NPA.

Sincerely,

Client Services



## **Completing a Non-Financial Request:**

The following instructions explain how to make non-financial changes to your voluntary retirement plan including:

- Name Changes
- Address Changes

NPA requires all forms necessary to complete a transactional request be submitted through NPA. Therefore, you should contact your financial representative or investment provider to get a copy of the paperwork they require to complete a Non-Financial Request.

Next, you will complete the NPA Transaction Authorization Form indicating your desire to process a Non-Financial Request on your account within your employer's plan. Fill out section one (1) of the TAF, providing general information about who you are, what school district(s) are involved, and what investment provider(s) are involved. When performing a Non-Financial Request, please fill out section three (3), "Non-Financial Request," on page three (3) of the TAF. Non-Financial Requests are the only type of requests that can be completed on the same TAF as another request. All other requests require a separate TAF. Complete the form by signing and dating the request on the third page. Please note that it is important to carefully read the entire TAF as it will assist you in completing it correctly.

For NPA to correctly and successfully process your request please submit the completed Transaction Authorization Form, and the completed investment provider Non-Financial Request paperwork to NPA via any of the means listed at the base of the TAF. Your financial representative can assist you in filling out and completing all forms.

Once your request has been reviewed and approved it will be forwarded to the applicable investment provider for processing.

## 403(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).

| 4 | D '1 /      | ~ I       | A .       | TP       | . •  |
|---|-------------|-----------|-----------|----------|------|
|   | . Provide ( | -eneral / | A ccalint | Intormat | tiΛn |
|   | . IIVVIUC ( | Junu ai r | account.  | muuma    | uvu  |

2.

| Name of Ov   | wner/Participant   |                                |          |                           |            |
|--|--|--------------------------------|----------|---------------------------|------------|
|  |  | First                          | MI       |                           | Last       |
| Mailing Ad   | dressStreet Address  | City                           |          | State                     | Zip Code   |
|  |  |                                |          |                           | •          |
| Social Secu  | rity Number/Tax ID Number  | •                              |          | Date of Birth             |            |
| Daytime Ph   | one Number   |                                | _ Home P | hone Number               |            |
| Email Addr   | ress   |                                |          |                           |            |
| Current Em   | ployer Name  |                                |          |                           |            |
| Former Em  | ployer Name  |                                |          | Separation Dat            | re         |
| Investment   | Provider Name  |                                |          |                           |            |
| Contract/Ac  | ccount Number  |                                |          |                           |            |
| Product Na   | me (list your product name O   | NLY if you know it)            |          |                           |            |
| Transact   | ion Request – Please se  | lect <b>only one</b> of the fo | ollowing | transaction request ty    | pes below. |
| □ <b>Provider-to-Provider Exchange</b> – (change of investment choice within the current employer's 403(b) plan.): |  |                                |          |                           |            |
| Exch   | nange From Company   |                                | Excha    | nge To Company            |            |
|  |  |                                |          |                           |            |
| I wou  | uld like to Exchange: ☐Full  | Balance or <b>□</b> Partial Ba | lance    | Amount \$                 |            |
| □ Plan   | Plan-to-Plan Transfer – (moving money from a former employer's 403(b) plan to the current employer's 403(b) plan.) |                                |          |                           |            |
| The f  | an must allow transfers into the   |                                |          |                           |            |
| Tran   | sfer From Company  |                                | Transf   | er To Company             |            |
| Nam  | e of Former Employer 403(b   | ) Plan                         | Name     | of Current Employer 403(t | o) Plan    |
| Seve   | rance from former employer   | on                             |          |                           |            |
|  |  |                                |          |                           |            |
| I wo   | uld like to Transfer: □Full E  | Balance or Partial Ba          | lance    | Amount \$                 |            |



NATIONAL PLAN ADMINISTRATORS, INC., P.O. BOX 161630, AUSTIN, TX 78716 PHONE: (800) 880-2776 FAX: (512) 275-9394 www.natlplan.com

403bTAFVN2010.10.22 Page 1 of 3

| Т | List Investment Companies Here  Check with your financial advisor to see if loans are available in your employer's plan.)  The amount of this loan request is: \$  |  |  |  |  |
|---|--|--|--|--|--|
| L |  |  |  |  |  |
| _ |  |  |  |  |  |
| Н | Iave you ever taken out a 403(b), 457(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?  |  |  |  |  |
| Н | Have you ever defaulted on a 403(b), 457(b) or 401(a) Loan? □Yes □No   |  |  |  |  |
|   | - If yes, list the companies with which you have a defaulted loan  |  |  |  |  |
| F | Financial Hardship Withdrawal  |  |  |  |  |
|   | In order to be eligible for a Hardship Withdrawal <u>you must exhaust all your resources and take the maximum loan</u> , if loans are allowed by your plan.  |  |  |  |  |
|   | Please submit documentation, including receipts, to substantiate your hardship need and the amount requested. <b>REQUEST MISSING DOCUMENTATION WILL BE DENIED</b> .  |  |  |  |  |
| T | The amount of this hardship withdrawal request is: \$  |  |  |  |  |
|   | Select reason for hardship:  Deductible Medical Expenses  Post secondary education, tuition, room and board or related fees  Purchase of principal residence (excluding mortgage payments)  Prevent eviction from principal residence  Funeral expenses for immediate family members  Casualty loss of principal residence |  |  |  |  |
|   | f a hardship withdrawal is taken, regulations prohibit contributions to this Plan or any other Plan maintained by your employe uring the six-month period following the withdrawal.  |  |  |  |  |
| D | Distribution/Withdrawal Reason for distribution: (Check all that apply.)   |  |  |  |  |
|   | Age 59 ½ Severance from employment on(includes retirement, termination, change of employment.)   |  |  |  |  |
|   | Disabled - Permanent Disability (As defined in section 72(m)(7) of the Internal Revenue Code – Physician's explanation is required.)   |  |  |  |  |
|   | Death of participant on Date Required Minimum Distribution (RMD) age 70 ½  |  |  |  |  |
| I | would like to receive: □Full Balance or □Partial Balance Amount \$   |  |  |  |  |
|   | <b>Permissive Service Credit</b> – (Moving funds from a 403(b) account to <b>purchase years of service</b> from an approved governmentation plan.)   |  |  |  |  |
|   |  |  |  |  |  |
|   | From Company To Governmental Pension Plan  |  |  |  |  |

NATIONAL PLAN ADMINISTRATORS, INC., P.O. BOX 161630, AUSTIN, TX 78716 PHONE: (800) 880-2776 FAX: (512) 275-9394 www.natlplan.com



403bTAFVN2010.10.22 Page 2 of 3

| u         | <ul> <li>Rollovers – (To/From the Plan):</li> <li>Rollovers into the Plan - If rolling from a non-403(b) product, or qualified government pension plan, list the source of the assets {e.g. IRA, TRS, 457 etc} in the space labeled "Name of Employer Plan Rolling From/Product Type."</li> <li>Rollovers from the Plan - If rolling to a non-403(b) product, list the product name for the destination of the assets {e.g. IRA, 457(b), 401(k), etc} in the space labeled "Name of Employer Plan Rolling To/Product Type."</li> </ul> |   |  |                          |  |  |
|-----------|--|---|--|--------------------------|--|--|
|           | Rollover From Company  | Rollover To Compa   | Rollover To Company  Name of Employer Plan Rolling To/ <b>Product Type</b>               |                          |  |  |
|           | Name of Employer Plan Rolling From/ <b>Produ</b> Reason for rollover distribution: (Check all t  |   |  |                          |  |  |
|           | <ul> <li>□ Age 59 ½</li> <li>□ Severance from emplo</li> <li>□ Disabled - Permanent Disability (As defined to the participant on Dawn Dawn)</li> <li>□ Dawn I would like to receive: □Full Balance or</li> </ul>   | ned in section 72(m)(7) of the Internal Rev   | des retirement, termination,<br>venue Code – Physician's e                               | xplanation is required.) |  |  |
| 3. No     | n-Financial Change Requests – Please  Name Change Previous Name Change   |   | the list below  New Name   |                          |  |  |
|           | ☐ Address Change Street Addr   | ress City   | State  | Zip Code                 |  |  |
|           | Signatures I understand, acknowledge and certify that:  National Plan Administrators, Inc. is author I have attached documents necessary for th If requesting a hardship withdrawal, I have If requesting a rollover contribution, I have If requesting a transfer, I have met the appl If requesting a loan from the account, Nation The information provided herein is comple  | e investment provider to process the t<br>attached documentation to substantia<br>met the requirements under my prior<br>icable requirements under my prior pl<br>onal Plan Administrators, Inc. will det | ransaction.<br>te my request.<br>plan to request a rollove<br>lan to request a transfer. |                          |  |  |
| Participa | ant Signature  |   | Date   |                          |  |  |
| TPA       | USE ONLY:  |   |  |                          |  |  |
|           | norized Signature<br>onal Plan Administrators, Inc.  |   | Approval Date  | •                        |  |  |
| Note      | es:   Uerified Date of Severance_  | U Verified  | d Date of Birth  |                          |  |  |
|           | ☐ Verified Date of Hire  | U Verified  | d Other  |                          |  |  |
|           |  |   |  |                          |  |  |

NATIONAL PLAN ADMINISTRATORS, INC., P.O. BOX 161630, AUSTIN, TX 78716 PHONE: (800) 880-2776 FAX: (512) 275-9394 www.natlplan.com

403bTAFVN2010.10.22

