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).

1. Provide General Account Information

	MI	Last	
City	State	Zip Code	
,		-	
	Separatio	n Date	
ou know it)			
		ver's 403(b) plan.):	
or Partial Balance	A mount \$		
om a former employe	r's 403(b) plan to the curr	ent employer's 403(b) plan.)	
<u></u>	Transfer To Company		
N	ame of Current Employer	403(b) Plan	
	Data		
or Partial Balance	e Amount \$		
	City Hore City Hore Ou know it) ou know it) y one of the follow of investment choice Ex or Partial Balance rom a former employe nsfers out of their plan National States of the follow National States of th	Date of B Home Phone Number Separation ou know it) ou know it) y one of the following transaction reque of investment choice within the current employ for Partial Balance Amount \$ or Partial Balance Amount \$ tom a former employer's 403(b) plan to the curr nsfers out of their plan and the current employer sfers out of their plan and the current employer Name of Current Employer Date	

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

2.

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 403(b), 457(b) and/or 401(a) employer sponsored retirement accounts:

List Investment Companies Here
Have 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?
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
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. <u>REQUESTS</u> <u>MISSING DOCUMENTATION WILL BE DENIED</u> .
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 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.)
Age 59 ½Severance 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.)
Death of participant on Date Required Minimum Distribution (RMD) age 70 ½
I would like to receive: Full Balance or Partial Balance Amount \$
Permissive Service Credit – (Moving funds from a 403(b) account to purchase years of service from an approved governmental pension plan.)
From Company To Governmental Pension Plan
I would like to move: Full Balance or Partial Balance Amount \$
Qualified Domestic Relations Order (QDRO) Please call NPA at 800-880-2776 for additional instructions.

NATIONAL PLAN ADMINISTRATORS, INC., P.O. BOX 161630, AUSTIN, TX 78716 PHONE: (800) 880-2776 FAX: (512) 275-9394 www.natlplan.com **Rollovers** – (To/From the Plan):

- 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."
- 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."

Rollover From Company	Rollover To Company			
Name of Employer Plan Rolling From/Product Type	Name of Employer Plan Rolling To/Product Type			
Reason for rollover distribution: (Check all that apply.)				
Age 59 ½Severance from employment on	<u>(i</u> ncludes	retirement, termination, c	hange of employment.)	
Disabled - Permanent Disability (As defined in section 72				
Death of participant on				
I would like to receive: Full Balance or Partial Bal	ance Amount \$			
3. Non-Financial Change Requests – Please select the ty	pe of change from th	e list below		
Name Change				
Name Change Previous Name		New Name		
Address Change Street Address				
Street Address	City	State	Zip Code	
 If requesting a rollover contribution, I have met the requirem If requesting a transfer, I have met the applicable requirem If requesting a loan from the account, National Plan Admi The information provided herein is complete, accurate and 	nents under my prior plan nistrators, Inc. will deter	n to request a transfer.		
Participant Signature		Date		
TPA USE ONLY:				
Authorized Signature National Plan Administrators, Inc.		Approval Date		
Notes: Verified Date of Severance	Verified I	□ Verified Date of Birth		
Verified Date of Hire	Verified 0	Verified Other		

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