

This form must be submitted to SchoolsFirst Plan Administration to authorize a distribution or rollover of 403(b) funds from your current or former employer's plan. This form is for one-time and systematic approvals. Your Investment Provider may require its own paperwork in addition to this form, you may include that paperwork when submitting this form. All attached forms will be forwarded to the Investment Provider indicated below upon authorization. If your distribution is due to divorce, please submit the QDRO Distribution/Rollover Authorization Form along with documentation.

Note: Please allow 5-7 business days for the authorization of your request and print clearly. Missing, illegible, or incomplete information will result in a delay of your request.

1 Participant Information

First Name	Last Name	Social Security Number (REQUIRED)	Date of Birth (REQUIRED)
Street Address	City	State	Zip Code
School District Listed as Employer on this Account (REQUIRED)		Participant Email Address	
Financial Advisor Name (Optional)		Financial Advisor Phone Number (Optional)	

2 Qualifying Distributable Event

The following is a list of IRS approved distributable events; if none of the events listed below apply to you, you may not be eligible for a distribution or rollover. Contact your investment provider, financial advisor, or Plan Administrator for additional information regarding access to your retirement account.

Please understand the distribution authorization does not stop your current contributions to your plan. *If this is a full distribution and you would like to stop your current contributions, please submit a Salary Reduction Agreement.*

Select Only One Applicable Event:	Date of Event
<input type="checkbox"/> Age 59 ½ or Older or Required Minimum Distribution Age 72 or Older (70 ½ if you reached 70 ½ before January 1, 2020) <i>Please provide a copy of Valid ID</i>	
<input type="checkbox"/> Separation of Service/Retirement (District will verify)	
<input type="checkbox"/> Death of Participant (Death Certificate Required, Beneficiary will be Verified)	
<input type="checkbox"/> Disability (Must be long-term and/or permanent & Result in the inability to work, documentation from medical professional is required)	
<input type="checkbox"/> Qualified Birth/Adoption Expense (Max of \$5,000 within one year of the date which the child is born or legal adoption finalized, documentation required)	
<input type="checkbox"/> Correction of Excess Contribution	
Amount _____	

3 Investment Provider Information

Enter information for the Investment Provider currently holding the assets you wish to distribute or rollover.

Investment Provider	Account Number	Phone Number
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4 Forwarding Instructions

SchoolsFirst Plan Administration will fax or secure email the authorization to the releasing Investment Provider. If there is another contact, you would like the authorized form faxed or emailed to please list below. These forms contain non-public personal information.

Fax Number/Email Address	Attention (if applicable)
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5 Participant/Beneficiary Approval (Beneficiary signature only applicable upon participant's death)

I authorize the release of non-public personal information pertaining to the above accounts to SchoolsFirst Plan Administration representatives as necessary to administer the Plan and certify that the information I have provided on this form is accurate. I understand that taxes may apply to any distribution I receive that is not rolled over. I am aware that I may be assessed a 10% early withdrawal penalty by the IRS if I am under the age of 59½.

Participant/Beneficiary Signature (REQUIRED)	Participant/Beneficiary Print Name (REQUIRED)	Date
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6 For SchoolsFirst Plan Administration Use Only

SchoolsFirst Plan Administration represents this participant (or beneficiary) is eligible to distribute or rollover amounts in accordance with the employer's plan and the Information Sharing Agreement entered into by your company and SchoolsFirst Plan Administration, provided that SchoolsFirst Plan Administration has signed below. SchoolsFirst Plan Administration, LLC reserves the right to not sign vendor paperwork according to the ISA.

Authorized SchoolsFirst Plan Administrator Signature (REQUIRED)	Date
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Required Documents

A SchoolsFirst Plan Administration Plan Authorization Form must be submitted to SchoolsFirst Plan Administration to authorize any transaction involving 403(b) or Roth 403(b) amounts from investment providers of your employer or former employer’s plan. The investment provider may require its own paperwork in addition to our Authorization Form. Authorization Forms provide a summary of critical information regarding your request that assists us with authorizing the transaction. Please review the instructions below to ensure that you are providing all necessary documents to expedite the authorization process.

Authorization Type	Include the Following Documentation
Distribution/Rollover	<ol style="list-style-type: none"> 1. Completed Investment Provider distribution/rollover paperwork. 2. Completed SchoolsFirst Plan Administration Plan Distribution/Rollover Authorization Form. <p>Requires a distributable event (i.e., age 59 ½, RMD, separation from service, death, disability, QDRO, or excess correction)</p> <p>Note: Part-time substitute and adjunct employees are not considered separated from service. Verification of your distributable event is required. For age related events, please include a copy of a valid ID for verification.</p>
403(b) Hardship Withdrawals	<ol style="list-style-type: none"> 1. Completed Investment Provider hardship distribution paperwork. 2. Completed SchoolsFirst Plan Administration Plan Hardship Authorization Form and Hardship Questionnaire. 3. Proof of unpaid hardship expenses equal to or more than the amount requested. <p>Note: See Plan Hardship Distribution Documentation Guidelines for clarification on qualified hardship reasons and specific documentation guidelines.</p>
Exchanges*	<ol style="list-style-type: none"> 1. Completed Investment Provider exchange paperwork. 2. Completed SchoolsFirst Plan Administration Plan Exchange Authorization Form.
Purchase of Service Credit	<ol style="list-style-type: none"> 1. Completed Investment Provider paperwork. 2. Completed STRS, PERS or PARS paperwork. 3. Completed SchoolsFirst Plan Administration Plan Exchange Authorization Form.
Plan Loans	<ol style="list-style-type: none"> 1. Completed Investment Provider loan paperwork. 2. Completed SchoolsFirst Plan Administration Plan Loan Authorization Form. 3. Current account statements for each Investment Provider listed on the authorization form. Note: If requesting a residential loan, proof of home purchase must also be submitted. If a default has been repaid, offset or otherwise returned to good standing, please provide proof.
QDRO Distribution/Rollover	<ol style="list-style-type: none"> 1. Completed SchoolsFirst Plan Administration QDRO Distribution/Rollover Authorization Form. 2. Documentation pertaining to the division of retirement assets due to divorce.
<p>*Exchanges As of January 1, 2009, participants may only exchange their accounts among the approved providers in the employer’s 403(b) Plan. To verify that the provider you have selected is an approved provider, review the SchoolsFirst Plan Administration Approved Provider List available online at www.schoolsfirstfcu.org.</p>	

Processing Time Commitment

After this form has been received by SchoolsFirst Plan Administration in good order, it will be forwarded to your Investment Provider in 5-7 business days. Once authorized, please contact your Investment Provider to obtain information regarding the status of your request.

Submission Instructions

- **Email:** rpa@schoolsfirstfcu.org
- **Fax:** (714) 258-4262 Attn: Retirement Plan Administration
- **Mail to:**
 SchoolsFirst Plan Administration Attention: Retirement Plan Administration
 P.O. Box 11547 Santa Ana, CA 92711
- **Drop off:** SchoolsFirst FCU branch location

Questions? Contact us at (800) 462-8328, extension 4727

Our plan administrators are available to assist you Monday through Friday 7 a.m. to 7 p.m. and Saturdays, 9 a.m. to 3 p.m.

SchoolsFirst Plan Administration is not responsible for transaction requests that are submitted to an incorrect number resulting in personal or private information sent to a wrong location. Please check the fax number carefully before sending requests to SchoolsFirst Plan Administration.