403(b) Exchange Authorization Form

Participant Instructions

The 403(b) Exchange Authorization Form must be submitted to National Benefit Services, LLC (NBS), the third-party administrator, to authorize any exchange of 403(b) amounts between exchange-eligible investment providers of your employer's 403(b) plan. The surrendering investment provider will require its own paperwork in addition to this form. You may wish to attach your investment provider's paperwork to this form. All attached forms or paperwork will be forwarded to the surrendering investment provider indicated. (unless specified otherwise).

Upon completion, fax, mail, or email a copy of the form to National Benefit Services, LLC.

Fax: 1-800-597-8206
Mail: 430 W 7th Street, Suite 219006, Kansas City, MO 64105-1407
Email: 403bsupport@nbsbenefits.com

Inquiries regarding the status of your distribution or rollover may be directed to NBS at:

Phone: 1-800-274-0503 option 5.

After this form has been received by NBS in good order, it will be forwarded to your provider within 5 business days. Submission of this form does not affect any existing salary reduction arrangements you currently maintain with your employer. If you wish to discontinue or direct future contributions to a new vendor, you must complete a new salary reduction agreement (SRA). A list of exchange-eligible investment providers and SRA form are available at www.nbsbenefits.com/403b.

Investment Provider Instructions

NBS represents that this exchange of 403(b) amounts is permitted by the employer's plan and is in accordance with a 403(b) Provider/Information Sharing Agreement (Agreement) entered into by the receiving provider and NBS, provided that NBS has signed on page 2. The surrendering investment provider should provide to the receiving provider, at the time of the exchange, information regarding the portion of the exchanged amount represented by deferral amounts and, in the case of Roth amounts (if allowed by the plan), the Roth portion and commencement date of the 5-year holding period. This authorization does not apply to plan-to-plan transfers. NBS reserves the right to not sign surrendering or receiving vendor paperwork according to the ISA (if applicable).

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1 Participant Information

Participant Name

Participant Email Address

Participant Mailing Address, City, State, Zip Code

Employer Name

Employer State

Personal Phone Number

Work Phone Number

Date of Birth

Social Security Number

Financial Advisor/Agent Name

Financial Advisor/Agent Phone Number

2 Surrendering Investment Provider Information

Investment provider from which 403(b) amounts will be exchanged or surrendered (source of assets)

Investment Provider

Account Number

Phone Number

Mailing Address, City, State, Zip Code

Fax Number

3 Receiving Investment Provider Information

Investment provider that will receive the exchange of 403(b) amounts (destination of assets)

Investment Provider

Account Number

Phone Number

Mailing Address, City, State, Zip Code

Fax Number

Is this transfer intended to purchase service credits as part of your employer's defined benefit plan? ☐ No ☐ Yes

4 Recipient Of This Form

Please indicate the provider (surrendering or receiving) to which NBS should send this paperwork. Generally, the surrendering provider should receive this form but the receiving provider may instruct you otherwise. If no option is selected, NBS will forward this form and all accompanying paperwork to the surrendering provider.

☐ Surrendering Provider (provider from which assets will be exchanged)
☐ Receiving Provider (provider that will be receiving the assets)

5 Participant Approval

I certify that all information provided on this form is accurate and correct. I recognize that the information contained on and attached to this form may be shared with a third party (including National Benefit Services, LLC) as necessary to administer the Plan in accordance with the Internal Revenue Code. I authorize the release of non-public information pertaining to the above accounts and transaction to NBS representatives as necessary to administer the plan. (Consult with a tax advisor for tax-related questions.)

Participant Signature (Required)

Date

For NBS Use Only

NBS Signature (Required)

Date