Transfer/Rollover Form

Plan Administration, LLC

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FAX COMPLETED FORMS TO: 714.258.4051

Submission of this form initiates a transfer/rollover into the SchoolsFirst/Nationwide Retirement Builder Plan 403(b)/457(b) or SchoolsFirst 457(b) DCP Share Certificate from another investment provider. Contact your existing provider to see if any additional paperwork is necessary to complete the transaction.

Note: Please allow **5 business days** for approval of this request. Once SchoolsFirst has approved your request, contact your existing investment provider for status of releasing the funds.

For Nationwide, please make check payable to: Nationwide Trust FBO Participant's Name, PO Box 183046, Columbus, OH 43218.

1 Participant Information

irst Name Last Name		Social Security Number (REQUIRED)			Date of Birth	
treet Address	City		State	Zip Code	Phone #	
chool District		Email Addr	ress			
					Married	Single
nancial Advisor Name		Rep ID			Marital Status	
2 Type of Transacti	on: Complete either Section A or Section A	ection B				
Section A: Transfer Use this option if moving fu different investment provid	unds under the same employer, but between ers	Us		ver from Anoti ving funds from a er's plan		
403(b) Pre-Tax Excl	nange: 403(b) to 403(b)	Rc	ollover From Exis	sting Account Ty	vpe:	
Roth 403(b) Exchan	ge: Roth 403(b) to Roth 403(b)		🗌 403(b)	🗌 Roth 403(b) 🗌 401(k)	□457(b)
457(b) Pre-Tax Trar	nsfer: 457(b) to 457(b)		🗌 401(a)	Pension	Other:	
		Rc	ollover To:			
			403(b)	Pre-Tax 🗌 F	Roth 403(b) Pos	st-Tax
			2457(b)	Pre-Tax 🗌 4	l01(a) Pre-Tax	
3 Liquidation Ins	truction	🗌 Reci	urring Transact	tion (Follow these	e instructions for	each instance)
I wish to Liquidate a	nd Transfer/Rollover as Cash (Select	t One):				
🗌 Full Liquidation, Estir	mated amount of:					
Partial Liquidation, ir	the amount of:	or		%		
🗌 100% of the availabl	e Penalty-Free Amount (This amount is	subject t	co change.)			
4 Existing Provid	er Information (Institution where fund	ds are con	ning from) Orig	ginals Required: [Yes No	
Name of Existing Investment Prov	vider		Phone #		Fax #	
Investment Provider Street Addre	ISS	City	y		State	Zip Code
Account #	Name	of School Dis	strict or Employer on t	his Account		
						(09/2018)

P.O. Box 11547, Attn: Retirement Planning, Santa Ana, CA 92711 • 800.462.8328 ext. 4116 • Fax: 714.258.4051

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5 Investment Election	-	
1) Deposit Funds into my SchoolsFirst 457(b) DCP Share Certificate	2	
	DCP Member #	DCP Share ID
2) 🗌 Deposit Funds in my Nationwide Retirement Builder Plan		
Use my existing allocation mix (Default if nothing selected)		
Create a custom allocation mix for transfer funds only (Must to	otal 100%. This does not chan	ae existing allocations.)
Fund Name	Fund Code	Percentage %
Fund Name	Fund Code	Percentage %
Fund Name	Fund Code	Percentage %
Fund Name	Fund Code	Percentage %
	Total Percentage	(100%)

6 Participant Signature

By signing this Transfer/Rollover Form, I certify that I understand and agree to the above request and authorize the transaction. I hereby direct the investment provider identified on this form to liquidate the designated amount of the account listed above and send the proceeds to my corresponding 403(b), Roth 403(b), or 457(b) Custodial Account. I authorize the release of non-public information pertaining to the above transaction to SchoolsFirst Federal Credit Union, and/or Nationwide Financial as necessary to process this request. I am aware that it is my responsibility to contact my existing provider to confirm if any additional forms are required to complete the transaction.

I wish to waive any conservation that might be in effect. (Not electing this option could delay transfer time.)

I authorize a representative of Nationwide to receive transfer status information including, but not limited to, current status, good order requirements, cost basis, and processing time.

Participant Signature (REQUIRED)	Print Name	Date
	SIGNATURE GUARANTEE	

7 Third Party Administrator and/or Custodian Signatures

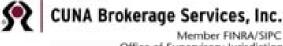
 TPA Authorization
 Date

 Custodian Approval
 Date

(09/2018)

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Rollover/Transfer Redemption Form



Office of Supervisory Jurisdiction 2000 Heritage Way Waverly, IA 50677-9202

Client Name:

Date:

The form should be completed when assets are being redeemed as part of a rollover/transfer into a retirement plan.

Solicited Unsolicited

If solicited, please Time Horizon:		0	🔲 11 – 20 yrs	□ 21+ yrs
Rationale for the I	Recommendatio	on:		

Please list any assets being redeemed as part of the Rollover/Transfer into the retirement plan.

Asset Name	Redemption Amount	CDSC/Surrender/ Redemption Fees
ASSELIVATILE	Redemption Amount	Redemption rees
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Acknowledgement:

- It is understood that the products offered by CUNA Brokerage Services, Inc., (CBSI) are not federally
 insured, involve investment risks, including the possible loss of principal, are not deposits or obligations
 of a financial institution, and are not protected by the Securities Investor Protections Corporation as to
 loss of principal.
- All fees, expenses, and sales charges have been fully explained and understood.
- I have received a copy of the prospectus or summary prospectus for the investments into the retirement plan.

By signing this form, I acknowledge that I have read and understand the above disclosures and confirm the information above.

Client Signature	Client Signature	Date
Advisor Signature	Rep Number	Date