

# Transfer/Rollover Form

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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

First Name	Last Name	Social Security Number (REQUIRED)	Date of Birth
Street Address	City	State	Zip Code
Phone #			
School District	Email Address	<input type="checkbox"/> Married <input type="checkbox"/> Single	
Financial Advisor Name	Rep ID	Marital Status	

## 2 Type of Transaction: Complete either Section A or Section B.

### Section A: Transfer

Use this option if moving funds under the same employer, but between different investment providers

- ☐ 403(b) Pre-Tax Exchange: 403(b) to 403(b)
- ☐ Roth 403(b) Exchange: Roth 403(b) to Roth 403(b)
- ☐ 457(b) Pre-Tax Transfer: 457(b) to 457(b)

### Section B: Rollover from Another Qualified Plan

Use this option if moving funds from a prior employer to your current employer's plan

Rollover **FROM** Existing Account Type:

- ☐ 403(b) ☐ Roth 403(b) ☐ 401(k) ☐ 457(b)
- ☐ 401(a) ☐ Pension ☐ Other: \_\_\_\_\_

Rollover **TO**:

- ☐ 403(b) Pre-Tax ☐ Roth 403(b) Post-Tax
- ☐ 457(b) Pre-Tax ☐ 401(a) Pre-Tax

## 3 Liquidation Instruction

☐ Recurring Transaction (Follow these instructions for each instance)

**I wish to Liquidate and Transfer/Rollover as Cash** (Select One):

- ☐ Full Liquidation, Estimated amount of: \_\_\_\_\_
- ☐ Partial Liquidation, in the amount of: \_\_\_\_\_ or \_\_\_\_\_ %
- ☐ 100% of the available Penalty-Free Amount (This amount is subject to change.)

## 4 Existing Provider Information (Institution where funds are coming from) Originals Required: ☐ Yes ☐ No

Name of Existing Investment Provider	Phone #	Fax #
Investment Provider Street Address	City	State
Zip Code		
Account #	Name of School District or Employer on this Account	

(09/2018)

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## 5 Investment Election

- 1) ☐ Deposit Funds into my SchoolsFirst 457(b) DCP Share Certificate

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 total 100%. This does not change 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)



**CUNA Brokerage Services, Inc.**

Member FINRA/SIPC

Office of Supervisory Jurisdiction

2000 Heritage Way Waverly, IA 50677-9202

## Rollover/Transfer Redemption Form

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 complete the following:

Time Horizon: ☐ 0 – 5 yrs ☐ 6 – 10 yrs ☐ 11 – 20 yrs ☐ 21+ yrs

Rationale for the Recommendation:

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

Asset Name	Redemption Amount	CDSC/Surrender/ Redemption Fees
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