

403(b) Exchange Authorization Form



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
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For NBS Use Only

NBS Signature (Required)	Date
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