

**PARTICIPANT INSTRUCTIONS PLEASE READ PRIOR TO SUBMISSION**

The Financial Authorization Request Form is required for all transfers, exchanges, distributions, and rollovers. Please attach your investment provider's paperwork to this form. Please be sure to complete the request in its entirety before submitting to our office, we will not process an incomplete submission. Once your request is in good order, we will send the attached documents to the investment provider within 5 business days.  
You may submit this request via fax to (408) 371-9327

**1. Personal Information (Please Print Legibly)**

Plan Sponsor	<input type="checkbox"/> Active <input type="checkbox"/> Retired	Work Site
Participant Name	Social Security Number	Date of Birth
Participant Mailing Address (Street)	Home Phone Number	Work Phone Number
(City, ST Zip)	Agent Name	Agent Phone Number

**2. Transaction Requested**

**A. Exchange (Like to Like) (403b to 403b; 457 to 457)**

- Exchange within the same employer's plan
- Exchange to a new employer's plan (NEW EMPLOYER): \_\_\_\_\_
- Exchange from a former employer's plan (FORMER EMPLOYER): \_\_\_\_\_

**B. Rollover or Distribution**

- Cash Distribution
- Rollover into IRA
- Rollover into other: \_\_\_\_\_

**Indicate Qualifying Event for Distribution**

- Severance from Employment or Retirement
- Purchase Service Credit
- Attainment of age 59½ (403b ONLY)
- Attainment of age 70 ½ (457 ONLY)
- Required Minimum Distribution age 70 ½
- Death of participant (documentation)
- Disability (documentation)
- QDRO (documentation)
- Correction of excess contribution or deferral

**C. Emergency Distribution (SEE NEXT PAGE)**

You must attach documentation providing evidence that you have a financial unforeseen emergency or hardship. Please note the request may not exceed the documented need.

**Employee Certification of Eligibility for Emergency Distribution:** I hereby certify that I do not have any other source of assets that can be liquidated to meet the financial unforeseen emergency outlined. I declare under penalty of perjury under the laws that the information I have supplied on this application is true and complete in all respects. To meet the criteria for an emergency withdrawal, you must first exhaust all other options.

**Please initial each line to confirm that you have exhausted all other options:**

- |   |  |
|---|--|
| _____ Cessation of elective contributions or employee contributions | _____ Reimbursement or compensation from insurance       |
| _____ Reasonable Liquidation of employee's assets                   | _____ Distribution or non-taxable loans from other plans |
| _____ Loans from commercial sources                                 | <b>Requested Emergency Amount \$</b> _____               |

**Indicate Hardship or Emergency Distribution as defined by IRS**

**Hardship 403(b) Only**

- Burial or funeral expenses for the employee's deceased parent, or dependents
- Medical care for the participant, the participant's spouse, or dependents
- Purchase of a participant's principal residence (not including mortgage payments)
- Eviction from or foreclosure on a mortgage on the participant's principal residence
- Next 12 months of postsecondary tuition and related educational fees for the participant, the participant's spouse, or dependents.

**Unforeseen Emergency 457 Only**

- Sudden and unexpected illness or accident of the participant or a dependent
- Burial or funeral expenses for the employee's deceased parent or dependents
- Eviction from or foreclosure on a mortgage on the participant's principal residence
- A loss of the participant's property because of a casualty

**3. List the Investment Provider Information Below**

Surrendering Investment Provider (Where the Money is Coming From)		Receiving Investment Provider (Where the Money is Going To)	
Account Number		Account Number	
Street or P.O. Box		Street or P.O. Box	
City, State, Zip		City, State, Zip	
Fax	Phone	Fax	Phone
Account Type: <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> IRA <input type="checkbox"/> Other _____		Account Type: <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> IRA <input type="checkbox"/> Other _____	

**4. Transaction Authorization**

By signing this form, I recognize that the information contained on and attached to this form may be shared with a third party (including Employee Benefits Services & Advisors, Inc. (EBS)) 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 amounts and transactions to EBS representatives as necessary to administer the plan.

NOT MARRIED

Participant or Beneficiary Signature (Required)      Spousal Signature (Required by State of California)      Date

EBS Signature (Required)

Date

2013.3.21 Admin EBSA

## EXCHANGE INSTRUCTIONS

**Exchange to New Business:** If you are retired or separated from the sponsoring employer's 403(b) or 457 plan, you may not enroll into a new 403(b) or 457 account under your former employer's plan. You are eligible to roll the funds to an IRA.

**Plan to Plan Transfers:** If you are moving funds from one employer group's plan to a new employer groups plan please obtain the signature of the surrendering plan administrator prior to submitting to our office.

**Defaulted Loan Balance:** If you have defaulted on an existing loan you may not move the existing defaulted account to a new account without a qualifying event.

## DISTRIBUTION AND ROLLOVER INSTRUCTIONS

You must have a qualifying event to roll your existing 403(b) or 457 to another tax code or to take a distribution from 403(b) or 457 plan.

- Severance from Employment or Retirement (This does not include leave of absence or maternity leave)
- Attainment of age 59½ (403b ONLY)
- Required Minimum Distribution age 70 ½
- Disability (documentation)
- Correction of excess contribution or deferral
- Purchase Service Credit
- Attainment of age 70 ½ (457 ONLY)
- Death of participant (documentation)
- QDRO (documentation)

## EMERGENCY DISTRIBUTIONS INSTRUCTIONS PLEASE READ PRIOR TO SUBMISSION

It is your responsibility to contact your employer group and cancel all annuity contributions for the next six months. Failure to do so may result in taxation and early surrender fees on your distribution.

You must attach documentation providing evidence that you have a financial unforeseen emergency or hardship. Please note the request may not exceed the documented need nor may it exceed your account balance.

Example: If you have \$2000 of documented expenses the maximum you may receive is \$2000; however if you only have \$1500 invested, you will not receive \$2000.

### **An IRS Defined Hardship (403(b) Only) Includes the following types of expenses:**

1. Payments for burial or funeral expenses for the employee's deceased parent, spouse, children or dependents
2. Payment for or to obtain medical care for the participant, the participant's spouse, or dependents
3. Costs related to the purchase of a participant's principal residence (not including mortgage payments)
4. Payment of the next 12 months of postsecondary tuition and related educational fees for the participant, the participant's spouse, or dependents
5. Payments necessary to prevent eviction from or foreclosure on a mortgage on the participant's principal residence

### **Appropriate Documentation Includes:**

*Bills and Receipts from Mortuary, Funeral Parlor*

*Medical Bills*

*Proof of Home Purchase (Escrow Documents)*

*Statement of Expenses from Bursar's Office*

*Notice of Eviction/Foreclosure*

### **An IRS Defined Unforeseen Emergency (457 Only) Includes the following types of expenses:**

1. A severe financial hardship resulting from a sudden and unexpected illness or accident of the participant or a dependent
2. Payments for burial or funeral expenses for the employee's deceased parent, spouse, children or dependents
3. Payments necessary to prevent eviction from or foreclosure on a mortgage on the participant's principal residence
4. A loss of the participant's property because of a casualty

### **Appropriate Documentation Includes:**

*Medical Bills demonstrating unexpected illness or accident*

*Bills and Receipts from Mortuary, Funeral Parlor*

*Notice of Eviction/Foreclosure*

*Insurance Report of Casualty Damage due to Natural Disaster and Repair Bills*

**The IRS only defines the above listed circumstances as an emergency. Please contact your insurance provider to find out about what loan options (if any) your investment choice offers.**