

FAX COMPLETED FORMS TO: (714) 258-4185

Submission of this form initiates a transfer/rollover into the 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 **5-7 business days** for approval of this request. Once SchoolsFirst has approved your request, contact your existing investment provider for the status of releasing the funds.

1 Participant Information

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

2 Types 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.

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:**

457(b) Pre-Tax

3 Amount to Transfer/Rollover

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

Full, estimated amount of: _____

Partial, 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)

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

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5 Participant Signatures

By signing this Transfer/Rollover Form, I certify that I understand and agree to the above request and authorize the transaction. I authorize the release of nonpublic information pertaining to the above transaction to SchoolsFirst Federal Credit Union 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.

Participant/Beneficiary Signature (Required)

Print Name

Date

Signature Guarantee

TO BE COMPLETED BY SCHOOLSFIRST FCU (CUSTODIAN)

TPA Authorization

Date

SchoolsFirst FCU Representative

Date