

FBC 403(b) Transfer Authorization Form



Participant Instructions	<p>The FBC 403(b) Transfer Authorization Form must be submitted to the FBC to authorize any transfer or exchange of 403(b) amounts between transfer eligible investment providers of your employer or former employer's 403(b) plan. The transferring investment provider may require its own paperwork in addition to this form. You may wish to attach your investment provider's paperwork to this form. All attached forms or paperwork will be forwarded to the transferring investment provider indicated below. Complete steps 1-5 and mail or fax this form to the FBC. Inquiries regarding the status of your transfer may be directed to the FBC at (858) 292-3816. After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider. After this form has been received by the FBC in good order, it will be forwarded to your provider within 5 business days. A list of transfer eligible investment providers is available at www.fbcetire.com.</p>		
	FBC Mailing Address: Fringe Benefits Consortium 6401 Linda Vista Road, Suite 505 San Diego, CA 92111	FBC Fax Number: (858) 569-7851 FBC Phone Number: (858) 292-3816	

Investment Provider Instructions	<p>NBS and the FBC represent this transfer of 403(b) amounts is permitted by the employer's plan and is in accordance with a 403(b) Provider/Information Sharing Agreement entered into by the receiving provider and NBS provided that NBS and FBC have signed below. The transferring investment should provide to the receiving provider at the time of the transfer information regarding the portion of the transferred amount represented by deferral amounts and, in the case of Roth amounts, the Roth portion and commencement date of the 5-year holding period.</p>
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Step 1	Participant Name	Social Security Number	Date of Birth
Participant Information	Participant Mailing Address	Home Phone Number	Work Phone Number
	<small>(Street)</small> <hr/> <small>(City, ST ZIP)</small>	Sponsoring Employer of Plan	

Step 2	Investment provider from which 403(b) amounts will be transferred (source of assets)		
Transferring Investment Provider Information	Investment Provider:	_____	
	Account Number	_____	
	Street or P.O. Box	_____	
	City, State, Zip	_____	
	Phone Number	_____	
	Fax Number	_____	

Step 3	Investment provider that will receive the transfer of 403(b) amounts (destination of assets)		
Receiving Investment Provider Information	Investment Provider:	_____	
	Account Number	_____	
	Street or P.O. Box	_____	
	City, State, Zip	_____	
	Phone Number	_____	
	Fax Number	_____	

Step 4	I recognize that the information contained on and attached to this form may be shared with a third party, National Benefit Services, LLC (NBS), 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 the FBC and NBS representatives as necessary to administer the plan.		
Participant Approval	Participant Signature (Required)	_____	Date _____

For FBC and NBS Use Only	FBC Signature (Required)	_____	Date _____
	NBS Signature (Required)	_____	Date _____

FBC 403(b) Loan Authorization Form



Participant Instructions The FBC 403(b) Loan Authorization Form must be submitted to the FBC to authorize any loan of 403(b) amounts from investment providers of your employer or former employer's 403(b) plan. The investment provider may require its own paperwork in addition to this form. You may wish to attach your investment provider's paperwork to this form. You must attach account statements from your investment provider documenting the account and loan balances you indicate in step 4. All attached forms or paperwork will be forwarded to the investment provider indicated below. Complete steps 1-5 and mail or fax this form to the FBC. Inquiries regarding the status of your loan may be directed to the FBC at (858) 292-3816. After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider. After this form has been received by the FBC in good order, it will be forwarded to your provider within 5 business days.

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San Diego, CA 92111

FBC Fax Number: (858) 569-7851

FBC Phone Number: (858) 292-3816

Investment Provider Instructions NBS and FBC represent this loan of 403(b) amounts is permitted by the employer's plan and is in accordance with the 403(b) Provider/Information Sharing Agreement entered into by your company and NBS provided that NBS and the FBC have signed below. The loan issue amount may not exceed the dollar amount indicated in Maximum Eligible Loan Amount box.

Step 1	Participant Name	Social Security Number	Date of Birth
Participant Information	Participant Mailing Address <small>(Street)</small>	Home Phone Number	Work Phone Number
	<small>(City, ST ZIP)</small>	Sponsoring Employer of Plan	

Step 2 Investment provider from which 403(b) amounts will be loaned to you

Investment Provider Information

Investment Provider: _____

Account Number _____

Street or P.O. Box _____

City, State, Zip _____

Phone Number _____

Fax Number _____

Step 3 Answer the following questions concerning current and previous loans

Current and Previous Loans

1 Have you ever defaulted on a previous 403(b), 401(k), or 457(b) plan loan? If YES, then you must provide documentation that the previously defaulted loan has been repaid, offset, or otherwise returned to good standing. Y N

2 Do you currently have or have you had in the past 12 months a 403(b), 401(a), or 457(b) loan(s)? Y N

3 If you have or have had an outstanding loan(s) in the past 12 months, what is your highest outstanding loan balance(s) in the last 12 months? You must attach an account statement reflecting your highest loan balance(s) in the past 12 months. \$ _____

Step 4 Identify all your current 403(b), 401(a), or 457(b) accounts, account balances, and loan balance and attach a copy of your most recent account statement(s). Attach an account statement for each account. If you have more than three accounts, please attach a separate page with that account information.

Account	Investment Provider Name	Current account value (excluding outstanding loans)	Current outstanding loan amount (if any)	Total account value
Account 1			+	=
Account 2			+	=
Account 3			+	=
Example	XYZ Annuity Company	30,000.00	+	=
			6,000.00	36,000.00

Step 5 I recognize that the information contained on and attached to this form may be shared with a third party, National Benefit Services, LLC (NBS), as necessary to administer the Plan in accordance with the Internal Revenue Code. I authorize the investment providers indicated on this form to release non-public information pertaining to my accounts as necessary to administer the plan including account balance, loan balance, loan status, and loan history.

Participant Approval

Participant Signature (Required) _____ Date _____

\$ _____
Requested Loan Amount

For FBC and NBS Use Only

FBC Signature (Required) _____ Date _____

\$ _____
Maximum Eligible Loan Amount

NBS Signature (Required) _____ Date _____

FBC 403(b) Distribution/Rollover Authorization Form



Participant Instructions	<p>The FBC 403(b) Distribution/Rollover Authorization Form must be submitted to the FBC to authorize a distribution or rollover of 403(b) amounts from your employer or former employer's plan. Two types of distributions do <u>not</u> require this form. 1) Hardship distributions require submission of a different form, the FBC 403(b) Hardship Authorization Form. 2) Required minimum distributions following attainment of age 70 1/2 do not require FBC authorization. Your investment provider may require its own paperwork in addition to this form. You may wish to attach your investment provider's paperwork to this form. All attached forms or paperwork will be forwarded to the investment provider indicated below. Complete steps 1-4 and mail or fax this form to the FBC. Inquiries regarding the status of your distribution or rollover may be directed to the FBC at (858) 292-3816. After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider. After this form has been received by the FBC in good order, it will be forwarded to your provider within 5 business days.</p>		
	FBC Mailing Address: Fringe Benefits Consortium 6401 Linda Vista Road, Suite 505 San Diego, CA 92111	FBC Fax Number: (858) 569-7851	FBC Phone Number: (858) 292-3816

Investment Provider Instructions	NBS and the FBC represent this participant (or beneficiary) is eligible to distribute or rollover of 403(b) amounts in accordance with the employer's plan and the 403(b) Provider/Information Sharing Agreement entered into by your company and NBS provided that NBS and the FBC have signed below.
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Step 1	Participant Name	Social Security Number	Date of Birth
Participant Information	Participant Mailing Address	Home Phone Number	Work Phone Number
	(Street)		
	(City, ST ZIP)	Sponsoring Employer of Plan	

Step 2	Select all applicable reasons for withdrawal and the date of the applicable event. If none of the events listed below apply to you, you may not be eligible for a distribution or rollover. You may still be eligible to transfer 403(b) amounts to a different investment provider using the FBC 403(b) Exchange Authorization Form. Contact your investment provider, financial advisor, or FBC for additional information.		
Reason(s) for Withdrawal	Distributable Event:		
	<input type="checkbox"/> Termination of employment from Sponsoring Employer	Date of event : _____	
	<input type="checkbox"/> Retirement	Date of event : _____	
	<input type="checkbox"/> Attainment of age 59 ½ Required minimum? <input type="checkbox"/> Y <input type="checkbox"/> N	Date of event : _____	
	<input type="checkbox"/> Death of participant (provide documentation)	Date of event : _____	
	<input type="checkbox"/> Disability (provide documentation)	Date of event : _____	
	<input type="checkbox"/> QDRO (provide documentation)	Date of event : _____	
	<input type="checkbox"/> Correction of excess contribution or deferral	Tax year : _____	

Step 3	Indicate the investment provider that currently holds the assets you wish to distribute or rollover		
Source of Assets	Investment Provider: _____		
	Account Number _____		
	Street or P.O. Box _____		
	City, State, Zip _____		
	Phone Number _____		
	Fax Number _____		

Step 4	I recognize that the information contained on and attached to this form may be shared with a third party, National Benefit Services, LLC (NBS), 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 FBC and NBS representatives as necessary to administer the plan.		
Participant/Beneficiary Approval	_____	_____	
	Participant Signature (or Beneficiary Signature if participant is deceased) (Required)	Date	

For FBC and NBS Use Only	_____	_____	
	FBC Signature (Required)	Date	
	_____	_____	
	NBS Signature (Required)	Date	

FBC 403(b) Hardship Authorization Form



Participant Instructions The FBC 403(b) Hardship Authorization Form must be submitted to the FBC to authorize any hardship distribution of 403(b) amounts from your employer or former employer's 403(b) plan. The investment provider may require its own paperwork in addition to this form. You may wish to attach your investment provider's paperwork to this form. All attached forms or paperwork will be forwarded to the exchanging investment provider indicated below. Complete steps 1-5 and mail or fax this form to the FBC. Inquiries regarding the status of your hardship withdrawal request may be directed to the FBC at (858) 292-3816. After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider. After this form has been received by the FBC in good order, it will be forwarded to your provider within 5 business days.

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FBC Fax Number: (858) 569-7851
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Investment Provider Instructions NBS and the FBC represent this hardship withdrawal of 403(b) amounts is permitted by the employer's plan and is in accordance with the 403(b) Provider/Information Sharing Agreement entered into by your company and NBS provided that NBS and the FBC have signed below. The investment provider should distribute more than the amount indicated in the Maximum Eligible Hardship Amount box.

Hardship Withdrawal Provisions **Hardship Withdrawal Provisions:** Hardship withdrawals are only permitted to the extent a participant demonstrates that the reason for the hardship withdrawal complies with the applicable requirements under the Internal Revenue Code and that such hardship imposes an immediate and heavy financial burden upon such participant. Hardship withdrawals are limited to bona fide financial emergencies. A hardship withdrawal cannot be applied for until all other options have been exhausted. These options include: insurance, reasonable liquidation of the participant's assets, cessation of elective deferrals to any retirement account, or other distributions or loans from the employer's plan(s) or a commercial loan.

Amounts Available for Withdrawal: If you have a qualified hardship, you may withdraw the amount necessary to meet the need created by the hardship, as long as the amount withdrawn does not exceed your total employee deferrals less any earnings. The total amount of the withdrawal cannot exceed the value of your deferral account.

A hardship withdrawal disqualifies you from making deferral contributions to any 403(b) retirement account for 6 months after withdrawal.

Step 1	Participant Name	Social Security Number	Date of Birth
	Participant Mailing Address <small>(Street)</small> <small>(City, ST ZIP)</small>	Home Phone Number	Work Phone Number
Participant Information		Sponsoring Employer of Plan	

Step 2 In the space provided below, indicate the nature of the hardship for which you are requesting a withdrawal. You may attach additional pages if more space is needed. You must attach appropriate documentation providing evidence that you have a financial hardship. As part of the review process, you may be required to provide additional proof of your financial hardship.

Hardship Reason

Payment for or to obtain medical care for the participant or the participant's spouse or dependents

Costs related to the purchase of a participant's principal residence (not including mortgage payments)

Payment of tuition related educational fees, and room and board expenses for the next 12 months of post-secondary education for the participant, the participant's spouse, or dependents

Payments necessary to prevent eviction from or foreclosure on a mortgage on the participant's principal residence

Additional hardship description: _____

Step 3 Investment provider from which 403(b) amounts will be withdrawn

Investment Provider Information

Investment Provider: _____

Account Number _____

Street or P.O. Box _____

City, State, Zip _____

Fax Number _____ Phone Number: _____

Step 4 I hereby certify that I do not have any other source of assets which can be liquidated to meet the financial hardship outlined above. I declare under penalty of perjury under the laws of the state of California that the information I have supplied on this application for the hardship withdrawal is true and complete in all respects. I recognize that the information contained on and attached to this form may be shared with a third party, National Benefit Services, LLC (NBS), 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 FBC and NBS representatives as necessary to administer the plan.

Participant Signature (Required) _____ Date _____

\$ _____
Requested Hardship Amount

For FBC and NBS Use Only

FBC Signature (Required) _____ Date _____ NBS Signature (Required) _____ Date _____

\$ _____
Maximum Eligible Hardship Amount