

FBC 403(b) Exchange Authorization Form



Fringe Benefits Consortium

Participant Instructions	<p>The FBC 403(b) Exchange Authorization Form must be submitted to National Benefit Services, LLC (NBS), the third party administrator for the FBC program, to authorize any exchange of 403(b) amounts between exchange eligible investment providers of your employer's 403(b) plan. The surrendering 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 surrendering investment provider indicated below. Complete steps 1-4 and mail or fax this form to NBS. Inquiries regarding the status of your exchange may be directed to NBS at (800) 274-0503 ext. 5. After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider. After this form has been received by NBS in good order, it will be forwarded to your provider within 5 business days. A list of exchange eligible investment providers is available at www.fbcretire.com.</p> <p>NBS Mailing Address: National Benefit Services, LLC 8523 South Redwood Road West Jordan, UT 84088</p> <p>NBS Fax Number: (800) 597-8206 NBS Email: 403bService@nbsbenefits.com NBS Phone Number: (800) 274-0503 ext. 5</p>		
Investment Provider Instructions	<p>NBS and the FBC represent that this exchange of 403(b) amounts is permitted by the employer's plan and is in accordance with a 403(b) Provider/Information Sharing Agreement (Agreement) entered into by the receiving provider and NBS provided that NBS has signed below. The surrendering investment should provide to the receiving provider at the time of the exchange information regarding the portion of the exchanged amount represented by deferral amounts and, in the case of Roth amounts (if allowed by the plan), the Roth portion and commencement date of the 5-year holding period. NBS reserves the right to not sign surrendering or receiving vendor paperwork according to the ISA (if applicable).</p>		
<p>Step 1</p> <p>Participant Information</p>	Participant Name	Social Security Number	Date of Birth
	Participant Mailing Address (Street) (City, ST ZIP)	Home Phone Number	Work Phone Number
	Sponsoring Employer of Plan (District Name)		
<p>Step 2</p> <p>Surrendering Investment Provider Information</p>	<p>Investment provider from which 403(b) amounts will be exchanged (source of assets)</p> <p>Investment Provider: _____</p> <p>Account Number _____</p> <p>Street or P.O. Box _____</p> <p>City, State, Zip _____</p> <p>Phone Number _____</p> <p>Fax Number _____</p>		<p>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.</p> <p><input type="checkbox"/> Surrendering Provider (Provider from which assets will be exchanged)</p> <p><input type="checkbox"/> Receiving Provider (Provider that will be receiving the assets)</p>
<p>Step 3</p> <p>Receiving Investment Provider Information</p>	<p>Investment provider that will receive the exchange of 403(b) amounts (destination of assets)</p> <p>Investment Provider: _____</p> <p>Account Number _____</p> <p>Street or P.O. Box _____</p> <p>City, State, Zip _____</p> <p>Phone Number _____</p> <p>Fax Number _____</p> <p>Is this transfer intended to purchase service credits as part of your employer's defined benefit plan? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p><input type="checkbox"/> Surrendering Provider (Provider from which assets will be exchanged)</p> <p><input type="checkbox"/> Receiving Provider (Provider that will be receiving the assets)</p>
<p>Step 4</p> <p>Participant Approval</p>	<p>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 (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 NBS representatives as necessary to administer the plan. I certify that the information I have provided is accurate. Consult with a tax advisor for tax-related questions.</p> <p>_____ Participant Signature (Required)</p> <p>_____ Date</p>		
For NBS Use Only	<p>_____ NBS Signature (Required)</p>		<p>_____ Date</p>