

FBC Transfer/Rollover Request Form



Employee Instructions	The FBC Transfer/Rollover Request Form is to be used to Transfer, Exchange or Rollover eligible retirement plan assets to the FBC Nationwide Retirement Program. Please complete all of the steps outlined below. Upon completion, submit the original form to the Fringe Benefits Consortium Office.	Fringe Benefits Consortium Attn: Annette Martinez 6401 Linda Vista Road Room 506 San Diego, CA 92111
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Step 1	Participant Name	Social Security Number	
	Employee Information	Participant Mailing Address	
		E-Mail Address	Home Phone Number
(Street)		Work Phone Number	
(City, ST ZIP)		Name of Financial Representative / Broker	
School District (Employer)			

Step 2	Please complete the following:		
Prior Account Information	<input type="checkbox"/> 100% Account Transfer	Estimated Account Value \$	_____
	<input type="checkbox"/> Partial Account Transfer	Partial Transfer Amount \$	_____ or _____ %
	Type of account being transferred: <input type="checkbox"/> 401(a) <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> Other: _____		
	Prior Vendor Name		Prior Vendor Phone Number
Prior Vendor Address		Account Number of Account Being Transferred	
(Street)			
(City, ST ZIP)			

Step 3	Please complete the following:		
Prior Plan Information	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were the assets, which are being transferred, accumulated under a 403(b) or 457(b) Plan, other than your current employer's 403(b) or 457(b) Plan? If "Yes", answer the following questions. If "No" continue to step 4:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are the assets subject to any other distribution restrictions?*	
	If "yes", please explain: _____		
	Name of Prior Employer: _____		
Date of Termination: _____			
*Check with your Previous Employer			

Step 4	The transferred assets will be deposited into your Nationwide account and invested according to your existing account allocations unless you specify other allocations below.		
Asset Allocation	Specific Fund Allocations:		
	_____	_____	%
	_____	_____	%
	_____	_____	%

Step 5	By executing this form I hereby direct the investment provider identified on this form to liquidate the designated amount of the indicated account and to transfer the proceeds to my San Diego County Schools Fringe Benefits Consortium (FBC) 403(b)/457(b) Custodial Account, except to the extent my current employer or any of my former employers prohibits transferability. In the event of such prohibition, I hereby direct said investment provider to retain the nontransferable portion of my account in a separate account or contract and to transfer the remainder.		
Employee Approval	Employee Signature	Date	
	X		

Custodian Approval	Authorized Representative Signature	Date
	X	

Signature Guarantee	(If Required)	Date
	X	

Vendor Instructions	Please provide the following information: 1. Account Balance as of 12/31/88; Post-1988 Contributions 2. Account Balance as of 12/31/86 3. Dollar Amount Breakdown by Each Money Type 4. FBO, Social Security Number, and Account Number 196-80051	Mail to: Fringe Benefits Consortium c/o National Benefit Services LLC P.O. Box 1906 Sandy, UT 84091	Make Checks Payable To: Nationwide Trust Co.
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