

FBC Transfer In / Rollover In Request Form



Fringe Benefits Consortium

Employee Instructions	The FBC Transfer In / Rollover In 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 of this form, please fax a copy to (800) 597-8206.		
Step 1	Participant Name	Social Security Number	
Employee Information	Participant Mailing Address <small>(Street)</small>	E-Mail Address	
	<small>(City, ST ZIP)</small>	Home Phone Number	Work Phone Number
	School District (Employer)	Name of Retirement Specialist / Financial Representative	
Step 2	Please complete the following:		Special Instructions:
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 <small>(Street)</small>	Account Number of Account Being Transferred	
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		
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 6980 West Jordan, UT 84084	Make Checks Payable To: Nationwide Trust Co.

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