

## 457(b) Distribution/Rollover Authorization Form

FAX COMPLETED FORMS TO: 714.258.4262

Or EMAIL TO: [rpa@schoolsfirstfcu.org](mailto:rpa@schoolsfirstfcu.org)

This form must be submitted to SchoolsFirst Plan Administration to authorize a distribution or rollover of 457(b) funds from your current employer or former employer's plan. Your Investment Provider may require its own paperwork in addition to this form, you may include that paperwork when submitting this form. All attached forms will be forwarded to the Investment Provider indicated below upon authorization. Your district's 457(b) Plan does not allow for Plan- to-Plan Transfers. If your distribution is due to divorce, please submit the QDRO Distribution/Rollover Authorization Form along with documentation.

**Note:** Please allow 5-7 business days for the authorization of your request. Missing or incomplete information will result in a delay of your request.

### 1 Participant Information

|                                                                     |  |                 |                            |                                            |             |                     |                |  |
|---------------------------------------------------------------------|--|-----------------|----------------------------|--------------------------------------------|-------------|---------------------|----------------|--|
| First Name _____                                                    |  | Last Name _____ |                            | Social Security Number (REQUIRED) _____    |             | Date of Birth _____ |                |  |
| Street Address _____                                                |  |                 | City _____                 |                                            | State _____ |                     | Zip Code _____ |  |
|                                                                     |  |                 | Daytime Phone Number _____ |                                            |             |                     |                |  |
| School District Listed as Employer on this Account (REQUIRED) _____ |  |                 |                            | Participant Email Address _____            |             |                     |                |  |
| Financial Advisor/Agent Name _____                                  |  |                 |                            | Financial Advisor/Agent Phone Number _____ |             |                     |                |  |

### 2 Qualifying Distributable Event(s)

The following is a list of IRS approved distributable events; if none of the events listed below apply to you, you may not be eligible for a distribution or rollover. Contact your investment provider, financial advisor, or Plan Administrator for additional information regarding access to your retirement account.

**Select the Applicable Event:**

- ☐ Age Based Eligibility - 59 ½ or Required Minimum Distribution Age 72 or Older (70 ½ if you reached 70 ½ before January 1, 2020)  
*Please provide a copy of Valid ID*
- ☐ Separation of Service/Retirement (No longer working for this School District) \_\_\_\_\_ **Date of Event** \_\_\_\_\_ We will Confirm
- ☐ Death of Participant (Death Certificate Required, Beneficiary will be verified) \_\_\_\_\_ Provide Documentation
- ☐ Correction of Excess Contribution or Deferral Amount: \$ \_\_\_\_\_ Provide Tax Year

### 3 Investment Provider Information

Enter information for the investment provider currently holding the assets you wish to distribute or rollover.

|                           |                      |                    |
|---------------------------|----------------------|--------------------|
| Investment Provider _____ | Account Number _____ | Phone Number _____ |
|---------------------------|----------------------|--------------------|

### 4 Forwarding Instructions

Provide a valid fax number for the Investment Provider listed above or indicate a contact you would like the authorized form faxed to. If no fax number is provided your form will be sent to the default number on record. These forms contain non-public personal information and will not be emailed.

|                  |                                 |
|------------------|---------------------------------|
| Fax Number _____ | Attention (if applicable) _____ |
|------------------|---------------------------------|

### 5 Participant/Beneficiary Approval

I authorize the release of non-public personal information pertaining to the above accounts to SchoolsFirst Plan Administration representatives as necessary to administer the Plan and certify that the information I have provided on this form is accurate. I understand that taxes may apply to any distribution I receive that is not rolled over. I am aware that I may be assessed a 10% early withdrawal penalty by the IRS if I am under the age of 59½.

|                                                     |            |
|-----------------------------------------------------|------------|
| Participant /Beneficiary Signature (REQUIRED) _____ | Date _____ |
|-----------------------------------------------------|------------|

### 6 For SchoolsFirst Plan Administration Use Only

SchoolsFirst Plan Administration represents this participant (or beneficiary) is eligible to distribute or rollover amounts in accordance with the employer's plan and the Information Sharing Agreement entered into by your company and SchoolsFirst Plan Administration, provided that SchoolsFirst Plan Administration has signed below. SchoolsFirst Plan Administration, LLC reserves the right to not sign vendor paperwork according to the ISA.

|                                                                       |            |
|-----------------------------------------------------------------------|------------|
| Authorized SchoolsFirst Plan Administrator Signature (REQUIRED) _____ | Date _____ |
|-----------------------------------------------------------------------|------------|

Form - 457-204SF (2/2024)