

<b>Participant Instructions</b>	The 403(b) Authorization Form must be submitted to Employee Benefits Services & Advisors, Inc. (EBS), the third party administrator, to authorize an exchange, distribution or rollover of 403(b) amounts from your employer's or former employer's plan. Your investment provider requires its own paperwork in addition to this form. Please attach your investment provider's paperwork to this form. Please be sure to complete the request in its entirety prior to submitting to our office, all attached forms or paperwork will be forwarded directly to the investment provider indicated below, they will not be returned to the employee or their representative. Complete steps 1-4 and mail this form to EBS, <b>an original signature is required for processing.</b> After this form has been received by EBS in good order, your request will be forwarded to your provider within 5 business days.		
<b>Step 1</b>  <b>Participant Information</b>	School District/Organization Name	Name of Work Site	
	Participant Name	Social Security Number	Date of Birth
	Participant Mailing Address (Street)	Home Phone Number	Work Phone Number
		Agent Name	Agent Phone Number
(City, ST Zip)			
<b>Step 2</b>  <b>Transaction Information</b>	Select applicable reason for transaction. If none of the events listed below apply to you, you will not be eligible for an exchange, distribution or rollover. You may be eligible to access a loan of 403(b) funds. Contact your investment provider, financial advisor or EBS for additional information.		
	<input type="checkbox"/> <b>Exchange (403b to 403b)</b>		
	<b>Indicate Type of Exchange:</b> <input type="checkbox"/> Exchange within the same employer's 403(b) Plan <input type="checkbox"/> Exchange from former employer to the new employer's 403(b) Plan (NEW EMPLOYER NAME): _____		
<input type="checkbox"/> <b>Distribution</b> <input type="checkbox"/> Cash Distribution <input type="checkbox"/> Rollover into IRA <input type="checkbox"/> Rollover into other (Specify Type): _____			<b>Indicate Qualifying Event for Distribution:</b> <input type="checkbox"/> Severance from Employment or Retirement <input type="checkbox"/> Purchase Service Credit <input type="checkbox"/> Attainment of age 59½ <input type="checkbox"/> Required Minimum Distribution age 70 ½ <input type="checkbox"/> Death of participant (provide documentation) <input type="checkbox"/> Disability (provide documentation) <input type="checkbox"/> QDRO (provide documentation) <input type="checkbox"/> Correction of excess contribution or deferral
<input type="checkbox"/> <b>Hardship Distribution</b> <i>In the space provided to the right, indicate the nature of the hardship for which you are requesting a withdrawal. You may attach additional pages if more space is needed. You <u>must</u> attach appropriate documentation providing evidence that you have a financial hardship.</i>			<b>Indicated Qualified Hardship as defined by IRS:</b> <input type="checkbox"/> Payments for burial or funeral expenses for the employee's deceased parent, spouse, children or dependents <input type="checkbox"/> Payment for or to obtain medical care for the participant, the participant's spouse, or dependents <input type="checkbox"/> Costs related to the purchase of a participant's principal residence (not including mortgage payments) <input type="checkbox"/> Payment of the next 12 months of postsecondary tuition and related educational fees for the participant, the participant's spouse, or dependents <input type="checkbox"/> Payments necessary to prevent eviction from or foreclosure on a mortgage on the participant's principal residence
<b>Step 3</b>  <b>Investment Provider Information</b>	Surrendering Investment Provider		Receiving Investment Provider
	Account Number		Account Number
	Street or P.O. Box		Street or P.O. Box
	City, State, Zip		City, State, Zip
	Fax #	Phone #	Fax # Phone #
<b>Step 4</b>  <b>Participant Approval</b>	I recognize that the information contained on and attached to this form may be shared with a third party (including Employee Benefits Services & Advisors, Inc. (EBS)) 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 amounts and transactions to EBS representatives as necessary to administer the plan.		
	Participant Signature (Required)		Date
	<input type="checkbox"/> <b>Not Married</b>		
Spousal Signature (Required by State of California)		Date	
<b>EBS USE ONLY</b>  403bAuthForm 6.15.10 SJR	EBS Signature (Required)		Date