## 457(b) Transaction Authorization Form

Questions? Call us at 800-880-2776 or E-mail us at TSA @NatlPlan.com

Complete and submit this form along with any supporting documentation or forms required by your investment provider to National Plan Administrators, Inc. at the address listed on the bottom of this form. National Plan Administrators will forward approved transaction requests to your investment provider(s).

	Provide General Account Information									
Nar	ne of Owner/ParticipantFirst	MI	Last							
Mai	ling AddressStreet Address									
			State Zip Code							
Soc	ial Security Number/Tax ID Number		Date of Birth							
Day	rtime Phone Number	Home Phone Number								
Em	ail Address									
Cur	rent Employer Name									
For	Former Employer NameSeparation Date:									
Inve	estment Provider Name									
Cor	ntract/Account Number									
		•	tion request types below.							
	ansaction Request – Please select	t only one of the following transac	tion request types below.							
2. Tr	ansaction Request – Please select	t <b>only one</b> of the following transac	tion request types below. rrent employer's 457(b) plan.):							
2. Tr	ansaction Request – Please select Provider-to-Provider Exchange - (cl	t <b>only one</b> of the following transact hange of investment choice within the cur	tion request types below. rrent employer's 457(b) plan.):							
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The	amount of this loan request is: \$
	below all the names of the investment companies where you have 457(b), 403(b) and/or 401(a) employer sponsored rement accounts:
	List Investment Companies Here
Hav	e you ever taken out a 457(b), 403(b) or 401(a) loan while with this employer? □Yes □No
-	If yes, what are the name(s) of the companies you borrowed from?
	- Which of the companies listed above do you have outstanding loans with?
Hav	e you ever defaulted on a 457(b), 403(b) or 401(a) Loan?    Yes    No
-	If yes, list the companies with which you have a defaulted loan
Unf	oreseen Emergency Withdrawal
	ise submit documentation, including receipts to substantiate the unforeseen emergency need and amount requested. Request sing documentation will be denied.
The	amount of this Unforeseen Emergency withdrawal request is: \$
	Select reason for Unforeseen Emergency:  Deductible Medical Expenses not covered by insurance or other reimbursements  Prevent foreclosure of or eviction from principal residence  Funeral expenses for immediate family members  Casualty loss of principal address
the prophon spor aris	unforeseeable emergency is defined as a severe financial hardship of the Participant resulting from (a) an illness or accident of Participant, the Participant's spouse, or the Participant's dependent (as defined in Section 152(a)); (b) loss of the Participant perty due to casualty (including the need to rebuild a home following damage to a home not otherwise covered be neowner's insurance, e.g. as a result of a natural disaster); (c) the need to pay for the funeral expenses of the Participant are or dependent (as defined in section 152(a) of the Code); (d) or other similar extraordinary and unforeseeable circumstance and as a result of events beyond the control of the Participant. Neither the purchase of a home nor the payment of collegion is an unforeseeable emergency.
thro	istribution on account of unforeseeable emergency may <u>not</u> be made to the extent that such emergency is or may be relieved ugh reimbursement or compensation from insurance or otherwise, by liquidation of the Participant's assets, to the extent the idation of such assets would not itself cause severe financial hardship, or by cessation of deferrals under the Plan.
Dis	ribution/Withdrawal Reason for distribution: (Check all that apply.)
	Severance from employment on(includes retirement, termination, change of employment.)
	Date  Disabled - Permanent Disability (As defined in section 72(m)(7) of the Internal Revenue Code – Physician's explanation is required.)
	Required Minimum Distribution (RMD) age 70 ½
	Death of participant on
	In-Service Distribution of \$5,000.00 or less  Date of Last Contribution
	To perform an In-Service Distribution you must be still employed, have not contributed to the Plan for the past 24 months, and have not received a prior distribution utilizing this option under the Plan.
I wo	ould like to receive: □Full Balance or □Partial Balance Amount \$



TPA  Autl	ant Sign	ONLY:	strators, Inc.		_		Appro	val Date	
	ant Sigr							Dute	
Particip		nature						Dute	
								Date	
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