



403(b) Transaction Authorization Form

Questions? Call us at (800) 953-6260

Complete and submit this form along with all supporting documentation or forms required by your investment provider to Bay Bridge Administrators at the address listed on the bottom of this form. Bay Bridge Administrators will forward approved transaction requests to your investment provider(s). Please complete one form for each transaction requested.

Provide General Account Information

Name of Owner/Participant _____

First

MI

Last

Mailing Address _____

Street Address

City

State

Zip Code

Social Security Number _____ Date of Birth _____

Contact Number _____ Email Address _____

Employer Name _____

Investment Provider Name _____ Contract/Account Number _____

Transaction Request

- Provider-to-Provider Exchange** (change of investment choice within the current employer's 403(b) plan)

Exchange From Company _____

Exchange To Company _____

I would like to exchange: Full Balance or Amount \$ _____

- Plan-to-Plan Transfers** (moving money from another employers 403(b) plan to the current employer's 403(b) plan)

Note: The former employer's plan must allow transfers out of their plan and the current employer's plan must allow for transfers into their plan in order to proceed with this transfer request.

Transfer From Company _____

Transfer To Company _____

Name of Former Employer 403(b) Plan _____

Name of Current Employer Plan _____

I would like to transfer: Full Balance or Amount \$ _____

- Loan Request**

The amount of this loan request is: \$ _____

Do you have any outstanding loans from other qualified plans? Yes No

If yes, please list all companies with whom you have outstanding loans.

Note: Amount approved may be less than amount requested based on IRS guidelines.

Financial Hardship Withdrawal

In order to be eligible for a Hardship Withdrawal you must have exhausted all of your financial resources including taking the maximum loan possible.

Please submit documentation, including receipts to substantiate the hardship needed and amount requested. Requests missing documentation will be denied.

The amount of this hardship withdrawal request is: \$ _____

Select reason for hardship:

- Deductible Medical Expenses
- Post secondary education, tuition, room and board or related fees
- Purchase of principal residence (excluding mortgage payments)
- Prevent eviction from principal residence
- Funeral expenses for immediate family members
- Casualty loss of principal residence

Note: If a hardship withdrawal is taken, regulations prohibit contributions to this Plan or any other Plan maintained by your employer during the six-month period following the withdrawal.

Distribution/Withdrawal Reason for distribution: (Check all that apply.)

- Age 59 ½ Severance from employment on _____ (includes retirement, termination, change of employment)
Date
- Permanent Disability (Physician's explanation is required.)
- Required Minimum Distribution (RMD) Death of participant on _____
Date

I would like to receive: Full Balance or Amount \$ _____

Permissive Service Credit

Moving funds from a 403(b) account to purchase years of service from an approved governmental pension plan.

From Company

To Governmental Pension Plan

I would like to move: Full Balance or Amount \$ _____

Qualified Domestic Relations Order (QDRO)

Please call Bay Bridge Administrators at (800) 953-6260 for additional instructions.

Rollover – (To/From the Plan)

Rollovers into the Plan – If rolling funds from a non-403(b) product, or qualified government pension plan, list the source of the assets {e.g. IRA, TRS, 457 etc...} in the space labeled "Name of Employer Plan Rolling From/Product Type."

Rollovers from the Plan – If rolling to a non-403(b) product, list the product name for the destination of the assets {e.g. IRA, 457(b), 401(k), etc...} in the space labeled "Name of Employer Plan Rolling To/Product Type."

Rollover From Company

Rollover To Company

Name of Employer Plan Rolling From

Name of Employer Plan Rolling To (If applicable)

Reason for rollover distribution: (Check all that apply.)

- Age 59 ½ Permanent Disability (Physician's explanation is required.)
- Severance from employment on _____ (includes retirement, termination, change of employment)
Date

I would like to move: Full Balance or Amount \$ _____

Non-Financial Change Requests

Please select the type of change from the list below

- Name Change _____
(Previous Name) (New Name)
- Address Change _____
Street Address City State Zip Code

Note: Please include a copy of your non-expired government identification to complete the request.

Signatures

I understand, acknowledge and certify that:

- Bay Bridge Administrators is authorized to review my request for the transaction above.
- I have attached documents necessary for the investment provider to process the transaction.
- If requesting a hardship withdrawal, I have attached documentation to substantiate my request.
- If requesting a rollover contribution, I have met the applicable requirements under my prior plan to request a rollover distribution.
- If requesting a transfer, I have met the applicable requirements under my prior plan to request a transfer.
- If requesting a loan from the account, Bay Bridge Administrators will determine if the loan feature is available.
- The information provided herein is complete, accurate and true.

Participant Signature _____

Date _____

TPA USE ONLY:

Authorized Signature _____

Approval Date _____

Bay Bridge Administrators

Notes:

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