

Questions? Call our Service Center at 1-800-953-6260.

Instructions

Complete and submit this form along with any forms required by your investment provider(s) to Bay Bridge Administrators (BBA), at the address listed on the back of this form. BBA will forward approved transaction requests to your investment provider(s). **Please complete one form for each transaction requested in Section 2 below.**

1. Provide General Account Information

Name of Owner/Participant _____
First MI Last

Mailing Address _____
Street Address City State ZIP Code

E-mail Address _____

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Daytime Phone Number _____ Home Phone Number _____

Employer Name _____ Plan Number/Name _____

Investment Provider Name _____ Contract/Acct Number _____

2. Transaction Request

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

Catch Up Contributions – Include supporting calculation materials with this request.

15 Years of Service (The 15 Year limit must be used before the Age 50 limit, if applicable.)

Regular/Age 50

Loan Request – Amount Requested \$ _____

Do you have any outstanding loans from other qualified plans? Yes No If yes, list loan amount and plans below:

Distribution/Withdrawal

Financial Hardship – You must submit documentation, including receipts, to substantiate the hardship need and amount requested. Must take maximum loan before taking a Hardship withdrawal.

- Deductible Medical Expenses in excess of 7.5% of gross income
- 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

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.

Disability - Permanent Disability (As defined in section 72(m)(7) of the Internal Revenue Code – Physician's explanation is required.)

Required Minimum Distribution (RMD)

Normal Distribution (Severance from employment, age 59½ or older, or none of the above reasons apply.)

2. Transaction Request (continued)

Exchange – (Exchange of 403(b)/403(b)(7) assets from one provider to another provider within your current employer's plan listed in Section 1)

Current Provider Name _____ Account Number _____

Mailing Address _____
Street Address City State ZIP Code

New Provider Name _____ Account Number _____

Mailing Address _____
Street Address City State ZIP Code

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

Transfer – (Transfer of assets from a prior employer 403(b) Plan to current employer 403(b) Plan and investment provider listed in Section 1)

Prior Employer Name _____

Prior Provider Name _____ Account Number _____

Mailing Address _____
Street Address City State ZIP Code

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

Date employment terminated with prior employer: _____
Date (mm/dd/yyyy)

Rollover (Typically not like to like, for example 457 to 403(b), etc.)

I would like to rollover: Full Balance Partial Balance Amount \$ _____

Rollover contribution (To Plan, investment provider and account listed in Section 1).

Rollover from:

Provider Name _____ Account Number _____

Mailing Address _____
Street Address City State ZIP Code

Rollover distribution (From Plan, investment provider and account listed in Section 1)

Rollover to:

Provider Name _____ Account Number _____

Mailing Address _____
Street Address City State ZIP Code

Reason for rollover distribution: (Check all that apply)

Age 59½ Disabled

Severance from employment on _____ (includes retirement, termination, change of employment)
Date (mm/dd/yyyy)

Purchase of permissive service credit transfer Amount \$ _____

Transfer To:

Provider Name _____ Account Number _____

Mailing Address _____
Street Address City State ZIP Code

3. Signatures

I understand, acknowledge and certify that:

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

X _____
Participant Signature Date

X _____
Authorized Signature for Transaction Approval Approval Date
Bay Bridge Administrators, LLC