TRANSFER/ROLLOVER REQUEST FORM 457(b) DCP Fixed Share Certificate

SchoolsFirst Federal Credit Union

Custodial Transfer/Rollover Form

Employee Information	Employee Name:	Social Security Number:
	Name of Current District /Employer:	Email Address:
	Thin of Carton Biolice Employer.	
Vendor Information	Current Vendor/Investment Company	Phone #
(Institution where funds		
are coming from)	Address	Account Number:
	Type of Assets being transferred	Transfer Amount: ☐ I want to transfer 100% of my account
	□403(b) □401(a) □401(k) □IRA	☐ I want to transfer \$
457(b) District Transfer	District Name: (Prior Employer)	District Authorization
		X
	District Name: (Current Employer)	District Authorization
Asset Information		X
Asset information	☐ Yes ☐ No Were the assets being transferred accumulated u	under a 403(b) or 457(b) Plan, other than
	your current employer's 403(b) or 457(b) Plan	? If "Yes" answer the following questions:
	☐ Yes ☐ No Are the assets subject to any other distribution:	restrictions?*
	If yes, please explain:	
	Name of prior Employer:	
	Date of Termination:	
	* Please check with your Previous Employer	
Asset Allocations for Transferring Funds	☐ Deposit funds into my SchoolsFirst Federal Credit Union Share Certificate (457(b) only)	
8	☐ Please select the term of your certificate:	
Employee Signature	□ 12 months □ 36 Months □ 60 Months	in this Transfer Paren
Employee Signature	By executing this Transfer Form, I hereby agree to the terms and conditions stated in this Transfer Form.	
	I hereby direct the investment provider identified on this Form to liquidate the design to transfer the proceeds to my corresponding 457(b) Custodial Account.	gnated amount of the account listed above and
	Employee Signature:	Date:
Custodian Approval		
	Authorized Representative Signature:	Date:
Signature Guarantee	Transcribed representative organical.	Buto.
Rep Name Rep #:		
Information Doguested of	Guaranteed	Date:
Information Requested of Prior Plan Holder	Please provide the following Information:	Please Include:
	Account Balances as of 12/31/88; Post-1988 Contributions Account Balances as of 12/31/86	Social Security Number Account Number
	3. Dollar Amount Breakdown by Each Money Type	FBO: Account Holder (s) Name
	Please make Checks Payable to:	Please Mail Check to:
	SchoolsFirst Federal Credit Union	SchoolsFirst Federal Credit Union Member Retirement Services
		15442 Newport Ave. Tustin, CA 92780