TRANSFER/ROLLOVER REQUEST FORM 403(b), ROTH 403b and 457(b)

SchoolsFirst Federal Credit Union/Nationwide Plan

Custodial Transfer/Rollover Form

Employee Information	Employee Name:	Social Security Number:				
	Name of Current District /Employer:	Email Address:				
Vendor Information	Current Vendor/Investment Company	Phone #				
(Institution where funds are coming from)	Address	Account Number:				
	Type of Assets being transferred	Transfer Amount:				
	□ 403(b) □ ROTH 403(b) □ 457(b) □ 401(a) □ IRA	☐ I want to transfer 100% of my account ☐ I want to transfer \$				
457(b) District Transfer	District Name: (Prior Employer)	District Authorization				
	District Name: (Current Employer)	X District Authorization				
		х				
Asset Information	☐ Yes ☐ No Were the assets are being transferred accumulated your current employer's 403(b) or 457(b) Plan?	l under a 403(b) or 457(b) Plan, other than				
	□ Yes □ No Are the Assets subject to any other distribution re	estrictions?*				
	If yes, please explain:					
	Name of prior Employer:					
	Date of Termination:					
	* Please check with your Previous Employer					
Asset Allocations for	Deposit funds into my Retirement Builder Plans existing allocation(s)					
Transferring Funds	 Other (attach a Nationwide Enrollment Form) Deposit funds into my SchoolsFirst Federal Credit Union Share Certific 	pate (457(b) only)				
Employee Signature	Deposit funds into my SchoolsFirst Federal Credit Union Share Certificate (457(b) only) 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 designated amount of the account listed above and to transfer the proceeds to my corresponding 403(b) or 457(b) Custodial Account.					
	Employee Signature:	Date:				
Custodian Approval						
	Authorized Representative Signature:	Date:				
Signature Guarantee Rep Name						
Rep #:	Guaranteed	Date:				
Information Requested of						
Prior Plan Holder	Please provide the following Information: Please Include: 1. Account Balances as of 12/31/88; Post-1988 Contributions Social Security Number					
	2. Account Balances as of 12/31/86	Account Number				
	3. Dollar Amount Breakdown by Each Money Type FBO: Account Holder (s) Name					
	Please make Checks Payable to: Mail Check to: SchoolsFirst Federal Credit Union Retirement Builder Plan SchoolsFirst Federal Credit Union Retirement Builder Plan C/O National Benefit Services, Inc. C/O National Benefit Services, Inc.					
		P.O. Box 698, West Jordan, UT 84084				

SchoolsFirst Federal Credit Union 403(b)

Exchange Authorization Form

Schools First FEDERAL CREDIT UNION Serving School Employees as OCTFCU Since 1934

Instructions	The SchoolsFirst Federal Credit Union 403(b) Exchange Authorization Form must be submitted to SchoolsFirst Federal Credit Union to authorize any exchange of 403(b) amounts between exchange eligible investment providers of your employer or former employer's 403(b) plan. The exchanging investment provider may require its own paperwork in addition to this form. You may wish to attach your investment provider's paperwork to this form. All attached forms or paperwork will be forwarded to the exchanging investment provider indicated below. Complete steps 1-4 and mail or fax this form to SchoolsFirst Federal Credit Union. Inquiries regarding the status of your exchange may be directed to SchoolsFirst Federal Credit Union at 800-462-8328 ext. 4727. After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider. After this form has been received by SchoolsFirst Federal Credit Union in good order, it will be forwarded to your provider within 5 business days. A list of exchange eligible investment providers is available at www.SchoolsFirstfcu.org.					
	Mailing Address:	SchoolsFirst Federal Credit Ur P.O. Box 11547 Santa Ana, CA 92711		nber: 714-258-4262 Number: 800-462-8328 ext. 4727		
Investment						
Provider Instructions	Provider/Information Shar Credit Union have signed	tring Agreement entered into by the received below. The exchanging investment shou	ge of 403(b) amounts is permitted by the employer's pla ring provider, NBS, and SchoolsFirst Federal Credit Unic uld provide to the receiving provider at the time of the ex ase of Roth amounts, the Roth portion and commencem	on provided that NBS and SchoolsFirst Federal schange information regarding the portion of the		
Step 1	Participant Name		Social Security Number	Date of Birth		
Participant Information	Participant Mailing Addres	ISS	Home Phone Number	Work Phone Number		
	(Street)		Sponsoring Employer of Plan			
	(City, ST ZIP)					
Step 2	Investment provider from	which 403(b) amounts will be exchanged	(source of assets)	Recipient of this form: Please indicate		
Exchanging Investment	Investment Provider			the provider (Exchanging or Receiving) to which NBS should send		
Provider	Account Number			this paperwork. Generally, the Exchanging provider should receive		
Information	Street or P.O. Box			this form but the Receiving provider may instruct you otherwise. If no		
	City, State, Zip			option is selected, NBS will forward this form and all accompanying		
	Phone Number			paperwork to the Exchanging		
	Fax Number			provider.		
Step 3	Investment provider that will receive the exchange of 403(b) amounts (destination of assets)					
Receiving	Investment Provider	Exchanging Provider				
Investment Provider	Account Number	19680061	(Provider from which assets will be exchanged)			
Information	Street or P.O. Box	PO Box 698				
	City, State, Zip	Receiving Provider				
	Phone Number	(Provider that will be receiving the assets)				
	Fax Number	801-838-7311		с , ,		
Step 4 Participant Approval	Services, LLC (NBS)) as	necessary to administer the Plan in accord	orm may be shared with a third party (including Schools rdance with the Internal Revenue Code. I authorize the Union and NBS representatives as necessary to admin	release of non-public information pertaining to		
	Participant Signatu	ure (Required)		Date		
SchoolsFirst Federal Credit Union and NBS Use Only	SchoolsFirst Feder	ral Credit Union Signature (Required)		Date		
(6/08)	NBS Signature (Re	equired)		Date		



MUTUAL FUND SWITCH DISCLOSURE

Office of Supervisory Jurisdiction 2000 Heritage Way Waverly, IA 50677-9202 Phone: 800/369-2862 Member FINRA/SIPC

This form must be completed and signed when switching from a:

- Mutual Fund to a Mutual Fund in a different family
- Variable Product to Mutual Fund
- Mutual Fund to Managed Account

Shareholder Information

Name(s)			Social Security Number Account Number						r (if knov	vn)
Information regarding the product being replaced:			Information regarding the product to be purchased:							
Product or Fund Name(s)			Product or Fund Name(s)							
Amount			Amount							
\$		\$								
Investment Share Class		Investment Share Class								
Investment Fund Objective			Investment Fund Objective							
Surrender/CDSC and Sales Charges			I (we) understand the sales/surrender charge is as follows:							
\$			Deferred Sales/Surrender Charge %							
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8
Original Purchase Date	Sell Date	Purchase Date								
			Front End Sales Charge% which equals\$ Amount					mount		

Switch/Replacement Acknowledgement

I understand it is the policy of CUNA Brokerage Services, Inc. not to recommend the replacement of a variable or fixed product, or the sale and subsequent purchase of a mutual fund unless a person's financial or personal objectives can be

I have checked below my reason(s) for selling shares/units in one investment company or surrendering a fixed or variable contract and using the proceeds (or a portion of the proceeds) to purchase shares in another investment company:

Mutual Fund Switch:

- 1. The objectives of the fund no longer meet my financial goals and no other fund in this family of funds (if applicable) meets my current financial goals. I understand that an investor can exchange to another fund within a family of funds with no additional sales charge.
- 2. The fund has demonstrated consistently poor performance over a period of several years compared to funds with the same objective.
- **3**. Other (detail):

I have received and reviewed the prospectus for the new investment or product. I understand that I may incur an initial sales charge, or deferred sales charge(s) or surrender charges, as described in the prospectus. I understand a commission may be paid to the representative.

If I have elected to invest in more than one family of mutual funds, I understand that if all investment dollars were invested into the same fund family, a reduced sales charge through Rights of Accumulation might be applicable. In addition, I understand I may be able to sign a Letter of Intent or Statement of Intention with a fund family to obtain a reduced sales charge. I understand I may incur income tax consequences due to this transaction and will consult my tax advisor for further information.

Signatures

Shareholder	Date
Shareholder	Date
Registered Representative's Name	Rep Number
Registered Representative's Signature	Date