



# SchoolsFirst Federal Credit Union 403(b)

## Exchange Authorization Form



<b>Participant Instructions</b>	<p>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 <a href="http://www.SchoolsFirstfcu.org">www.SchoolsFirstfcu.org</a>.</p>		
	<b>Mailing Address:</b> SchoolsFirst Federal Credit Union - Member Retirement Services P.O. Box 11547 Santa Ana, CA 92711	<b>Fax Number:</b> 714-258-4262	<b>Phone Number:</b> 800-462-8328 ext. 4727

<b>Investment Provider Instructions</b>	<p>NBS and SchoolsFirst Federal Credit Union represent this exchange of 403(b) amounts is permitted by the employer's plan and is in accordance with a 403(b) Provider/Information Sharing Agreement entered into by the receiving provider, NBS, and SchoolsFirst Federal Credit Union provided that NBS and SchoolsFirst Federal Credit Union have signed below. The exchanging investment should provide to the receiving provider at the time of the exchange information regarding the portion of the exchanged amount represented by deferral amounts and, in the case of Roth amounts, the Roth portion and commencement date of the 5-year holding period.</p>
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<b>Step 1</b>	Participant Name	Social Security Number	Date of Birth
<b>Participant Information</b>	Participant Mailing Address	Home Phone Number	Work Phone Number
	(Street)	Sponsoring Employer of Plan	
	(City, ST ZIP)		

<b>Step 2</b>	Investment provider from which 403(b) amounts will be exchanged (source of assets)		Recipient of this form: Please indicate the provider (Exchanging or Receiving) to which NBS should send this paperwork. Generally, the Exchanging provider should receive this form but the Receiving provider may instruct you otherwise. If no option is selected, NBS will forward this form and all accompanying paperwork to the Exchanging provider.
<b>Exchanging Investment Provider Information</b>	Investment Provider	_____	
	Account Number	_____	
	Street or P.O. Box	_____	
	City, State, Zip	_____	
	Phone Number	_____	
	Fax Number	_____	

<b>Step 3</b>	Investment provider that will receive the exchange of 403(b) amounts (destination of assets)		<input type="checkbox"/> <b>Exchanging Provider</b> (Provider from which assets will be exchanged)
<b>Receiving Investment Provider Information</b>	Investment Provider	SchoolsFirst FCU/Nationwide	
	Account Number	19680061	
	Street or P.O. Box	PO Box 698	
	City, State, Zip	West Jordan, Utah 84084	
	Phone Number	800-274-0503	
	Fax Number	801-838-7311	
			<input type="checkbox"/> <b>Receiving Provider</b> (Provider that will be receiving the assets)

<b>Step 4</b>	I recognize that the information contained on and attached to this form may be shared with a third party (including SchoolsFirst Federal Credit Union and National Benefit Services, LLC (NBS)) as necessary to administer the Plan in accordance with the Internal Revenue Code. I authorize the release of non-public information pertaining to the above accounts and transaction to SchoolsFirst Federal Credit Union and NBS representatives as necessary to administer the Plan.		
<b>Participant Approval</b>	Participant Signature (Required)	_____	Date

<b>SchoolsFirst Federal Credit Union and NBS Use Only</b>	SchoolsFirst Federal Credit Union Signature (Required)	_____	Date
	NBS Signature (Required)	_____	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 (if known)
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**Information regarding the product being replaced:**

**Information regarding the product to be purchased:**

<b>Product or Fund Name(s)</b>			<b>Product or Fund Name(s)</b>								
<b>Amount</b> \$			<b>Amount</b> \$								
<b>Investment Share Class</b>			<b>Investment Share Class</b>								
<b>Investment Fund Objective</b>			<b>Investment Fund Objective</b>								
<b>Surrender/CDSC and Sales Charges</b> \$			<b>I (we) understand the sales/surrender charge is as follows:</b>								
			<b>Deferred Sales/Surrender Charge %</b>								
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	
<b>Original Purchase Date</b>	<b>Sell Date</b>	<b>Purchase Date</b>	<b>Front End Sales Charge _____% which equals _____ \$ Amount</b>								

**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