



BAY BRIDGE ADMINISTRATORS

"Your solutions begin at the Bridge"®

457(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 457(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 457(b) plan to the current employer's 457(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's 457(b) Plan _____ Name of Current Employer's 457(b) Plan _____

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

Loan Request - (Check with your financial advisor to see if loans are available in your employer's plan)

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.

Unforeseen Emergency Withdrawal

Please submit documentation, including receipts to substantiate the unforeseen emergency need and amount requested. Requests missing documentation will be denied.

The amount of the Unforeseen Emergency withdrawal is: \$ _____

Select reason for Unforeseen Emergency:

- Deductible Medical Expenses not covered by insurance or other reimbursements
- Prevent foreclosure of or eviction from principal residence
- Funeral Expenses for immediate family members
- Casualty loss of principal address

An unforeseeable emergency is defined as a severe financial hardship of the Participant resulting from (a) an illness or accident of the Participant, the Participant's spouse, or the Participant's dependent (as defined in Section 152(a)); (b) loss of the Participant's property due to casualty (including the need to rebuild a home following damage to a home not otherwise covered by homeowner's insurance, e.g. as a result of a natural disaster); (c) the need to pay for the funeral expenses of the Participant's spouse or dependent (as defined in section 152(a) of the Code); (d) or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the Participant. Neither the purchase of a home nor the payment of college tuition is an unforeseeable emergency.

A distribution on account of unforeseeable emergency may not be made to the extent that such emergency is or may be relieved through reimbursement or compensation from insurance or otherwise, by liquidation of the Participant's assets, to the extent the liquidation of such assets would not itself cause severe financial hardship, or by cessation of deferrals under the Plan.

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

- Severance from employment on _____ (includes retirement, termination, change of employment)
- Disabled - Permanent Disability (As defined in section 72(m)(7) of the Internal Revenue Code - Physician's explanation is required.)
- Required Minimum Distribution (RMD) age 70 ½
- Death of participant on _____
Date
- In-Service Distribution of \$5,000.00 or less _____
Date of Last Contribution

To perform an In-Service Distribution you must be still employed, have not contributed to the Plan for the past 24 months, and have not received a prior distribution utilizing this option under the Plan.

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

Rollover (from/to Plan)

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

Reason for rollover distribution: (Check all that apply)

- Severance from employment on _____ (includes retirement, termination, change of employment)
- Disabled - Permanent Disability (As defined in section 72(m)(7) of the Internal Revenue Code - Physician's explanation is required.)
- Required Minimum Distribution (RMD) age 70 ½
- Death of participant on _____
Date
- In-Service Distribution Rollover Request of \$5,000.00 or less _____
Date of Last Contribution

To perform an In-Service Distribution you must be still employed, have not contributed to the Plan for the past 24 months, and have not received a prior distribution utilizing this option under the Plan.

I would like to exchange: 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.

Signature

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 an Unforeseen Emergency Withdrawal, I have attached documentation to substantiate my request.
- If requesting a rollover contribution, I have met the 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, LLC 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
Bay Bridge Administrators _____

Approval Date _____

Notes:

Bay Bridge Administrators ♦ www.bbadmin.com
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email: retirement@bbadmin.com