

State of Hawaii DOE 403(b) Exchange Authorization Form



Participant Instructions	<p>The State of Hawaii DOE 403(b) Exchange Authorization Form must be submitted to National Benefit Services, LLC (NBS), the third party administrator, 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 will 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 NBS. Inquiries regarding the status of your exchange may be directed to NBS at (800) 274-0503 ext 5. After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider. After this form has been received by NBS in good order, it will be forwarded to your provider within 5 business days. Submission of this form does not affect any existing salary reduction arrangements you currently maintain with your employer. If you wish to discontinue or direct future contributions to a new vendor you must complete a corresponding new salary reduction agreement (SRA). A list of exchange-eligible investment providers and SRA form are available at www.hawaiidoe403b.com.</p>		
	<p>NBS Mailing Address: National Benefit Services, LLC P.O. Box 219006 Kansas City, MO 64121-9006</p>	<p>NBS Fax Number: 800-597-8206 NBS Email - for questions only: 403bsupport@nbsbenefits.com NBS Phone Number: 800-274-0503 ext. 5</p>	

Investment Provider Instructions	<p>NBS represents 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 (Agreement) entered into by the receiving provider (if applicable) and NBS, provided that NBS has 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 (if allowed by the plan), the Roth portion and commencement date of the 5-year holding period. NBS reserves the right to not sign surrendering or receiving vendor paperwork according to the ISA (if applicable).</p>
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Step 1	Participant Name	Social Security Number	Date of Birth
Participant Information	Participant Mailing Address <small>(Street)</small>	Home Phone Number	Work Phone Number
	<small>(City, ST ZIP)</small>	Agent Name	Agent Phone Number

Step 2	Investment provider from which 403(b) amounts will be exchanged (source of assets)		<p>Recipient of this form: Please indicate the provider (Surrendering or Receiving) to which NBS should send this paperwork. Generally, the Surrendering 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 Surrendering provider.</p>
Exchanging Investment Provider Information	Investment Provider:	_____	
	Account Number	_____	
	Street or P.O. Box	_____	
	City, State, Zip	_____	
	Phone Number	_____	
	Fax Number	_____	

Step 3	Investment provider that will receive the exchange of 403(b) amounts (destination of assets)		<p><input type="checkbox"/> Surrendering Provider (Provider from which assets will be exchanged)</p> <p><input type="checkbox"/> Receiving Provider (Provider that will be receiving the assets)</p>
Receiving Investment Provider Information	Investment Provider:	_____	
	Account Number	_____	
	Street or P.O. Box	_____	
	City, State, Zip	_____	
	Phone Number	_____	
	Fax Number	_____	
	Is this transfer intended to purchase service credits as part of your employer's defined benefit plan? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Step 4	I certify that all information provided on this form is accurate and correct. I recognize that the information contained on and attached to this form may be shared with a third party (including 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 NBS representatives as necessary to administer the plan. I certify that the information I have provided is accurate. Consult with a tax advisor for tax-related questions.		
Participant Approval	Participant Signature (Required)	_____	Date

For NBS Use Only	NBS Signature (Required)	_____	Date