

Transaction Authorization Form

Complete and submit this form. This form should accompany any contract exchange, rollover, distribution or loan request paperwork provided by your 403(b) company or representative. This form must be completed by the employee and/or agent.

Please Print or Type Legibly

1	Employer Name (Do not abbreviate):			
2	Name (Last, First, M)			
	Mailing Address			
	City	State	Zip	Campus/Department
	Home Phone		Work Phone	Ext.
	Email Address		Date of Hire (MM/DD/YYYY)	
	Termination Date (if applicable)			
3	Social Security Number			
	Employee I.D. Number			
	Date of Birth (MM/DD/YYYY)			

4 I am requesting a: Exchange Rollover Loan from my 403(b)/403(b)(7) account Age Eligible Death Claim
 Qualified Domestic Relations Order (QDRO) Separation of Service: Date of Separation: _____

5 **Exchange – Change of investment choice within the current employer’s 403(b) plan: (Both vendors must be named in the plan)**
Exchange from Vendor: _____ Exchange to Vendor: _____

6 **Rollover – Please rollover assets from the vendors below:** Name of Employer Plan Rolling From: _____
Rollover from Vendor: _____ Rollover to Vendor: _____

7 **Loan from my 403(b)/403(b)(7) account with (vendor name):** _____
The amount of this loan request is: \$ _____
Have you ever taken out a loan: Yes No Has it been repaid in full? Yes No
If yes, list name of employer, vendor(s), date and amount: _____
Have you ever defaulted on a 403(b) loan? Yes No
If yes, list name of employer, vendor(s), date and amount: _____

8 **Distribution:**
 Required Minimum Distribution (RMD)
 Normal Distribution (Severance from employment and/or age 59 ½ or older)
 Disability – Permanent Disability (As define in section 72(m)(7) of the Internal Revenue Code.)

Read Before You Sign:

I understand, acknowledge and certify that: I have attached the documents necessary for the investment provider to process the transaction. The information provided herein is complete, accurate and true. Kazdon, Inc. is authorized to review my request for the transaction.

9	_____	10	_____
	Employee Signature		Transaction Request Approved / Authorized Signature / Kazdon, Inc.
	_____		_____
	Date (mm/dd/yyyy)		Approval Date (mm/dd/yyyy)

Please submit completed form and ALL accompanying paperwork to:

Kazdon, Inc., Attn: 403(b) Department, P.O. Box 29927, Austin, Texas 78755 – Fax: 512-340-0406