SCHOOLSFIRST
Plan Administration, LLC

Qualified Disaster Distribution Authorization Form

Email completed forms to TPA@schoolsfirstfcu.org or Fax to (714) 258-4262

This form must be submitted to SchoolsFirst Plan Administration to authorize a distribution of 403(b), 457(b) or 401(a) funds from your current or former employer's plan due to a non-COVID related Qualified Disaster event. "Qualified individuals" are affected by a declared disaster (e.g., whose principal place of abode was located within a qualified disaster area and who sustained an economic loss due to such qualified disaster). Any other type of distribution request must be submitted using our standard distribution form. Your investment provider may require its own paperwork in addition to this form; you may include that paperwork when submitting this form. All attached forms will be forwarded to the Investment Provider indicated below upon authorization.

Note: Please allow 5-7 business days for the authorization of your request. Missing or incomplete information will result in a delay of your request.

1 Participant Information

Plan Type: ☐ 403(b) ☐ 457(b) ☐ 401(a)

First Name | Last Name | Social Security Number (Required) | Date of Birth

Street Address | City | State | Zip Code | Daytime Phone Number

School District Listed as Employer on this Account (Required) | Participant Email Address

Financial Advisor/Agent Name | Financial Advisor/Agent Phone Number

2 Distribution Amount

Requested Distribution Amount

$_____

3 Investment Provider Information

Enter information for the Investment Provider currently holding the assets you wish to distribute.

Investment Provider | Account Number | Phone Number

Mailing Address | City | State | Zip Code

4 Forwarding Instructions

Provide a valid fax number for the Investment Provider listed above or indicate a contact you would like the authorized form faxed to. If no fax number is provided, your form will be sent to the default number on record. These forms contain non-public personal information and will not be emailed.

Fax Number | Attention (if applicable)

5 Participant Certification

- I authorize the release of non-public personal information pertaining to the above accounts to SchoolsFirst Plan Administration representatives as necessary to administer the Plan and certify that the information I have provided on this form is accurate.
- I, my spouse, or my dependents have been affected by a non-COVID related declared disaster (e.g., whose principal place of abode was located within a qualified disaster area and who sustained an economic loss due to such a qualified disaster).
- I have been financially harmed by the "qualified disaster" as a result of (i) being laid off, being furloughed (ii) being unable to work because of lack of child care; or (iii) having to close or reduce the operating hours of a business that I own/operate.
- Meeting such other factors as may be issued in Treasury guidance.

I further certify that I have not taken more than $100,000 in Disaster-Related Distributions during calendar year 2021 from this or any other retirement plan or individual retirement account/annuity.

Participant/Beneficiary Signature (Required) | Date

6 For SchoolsFirst Plan Administration Use Only

SchoolsFirst Plan Administration represents this participant (or beneficiary) is eligible to distribute or rollover amounts in accordance with the employer's plan and the Information Sharing Agreement entered into by your company and SchoolsFirst Plan Administration, provided that SchoolsFirst Plan Administration has signed below. SchoolsFirst Plan Administration, LLC reserves the right to not sign vendor paperwork according to the ISA.

Authorized SchoolsFirst Plan Administrator Signature (Required) | Date

P.O. Box 11547 Santa Ana, CA 92711 | (800) 462-8328, ext. 4727 | Fax: (714) 258-4262 | Email: TPA@schoolsfirstfcu.org