

North Texas School District Consortium

Direct Rollover/Transfer Request

457(b) Retirement Savings Plan

Use this form to request a direct rollover/transfer from your Section 457(b) Governmental Plan, Section 403(b) Tax Sheltered Annuity, Section 401(a) Qualified Retirement Plan, Section 401(k) Qualified Retirement Plan or Traditional IRA into your North Texas School District Consortium 457 Retirement Savings Plan account (you must have an account established prior to making a rollover). Complete Sections 1, 2, 3 and 4 below and submit this form to your rollover/transfer provider. Your rollover/transfer provider should complete Section 5 of this form and send your rollover/transfer check along with this form per the instructions below.

The check should be made payable to: **The Charles Schwab Trust Company**
FBO NTSDC Keller ISD 457(b) RSP
CSTC#202499
Employee Name

Mail the check and this form to: **PARS**
P.O. Box 12919
Newport Beach, CA 92658

SECTION 1-INFORMATION ABOUT YOU

Full Name: _____ Date of Birth: ____/____/____
Street Address: _____
City: _____ State: _____ Zip: _____
Social Security #: _____ - _____ - _____

SECTION 2-ROLLOVER/TRANSFER TO

I want to rollover/transfer my assets to my PARS 457 Retirement Savings Plan with:

Employer Name (required): _____

SECTION 3-ROLLOVER/TRANSFER FROM

These assets are coming from (Trustee/Custodian name): _____

This is a **direct rollover** from a:

- | | |
|---|---|
| <input type="checkbox"/> Section 457(b) Governmental Plan | <input type="checkbox"/> Section 401(a) Qualified Retirement Plan |
| <input type="checkbox"/> Section 403(b) Tax Sheltered Annuity | <input type="checkbox"/> Section 401(k) Qualified Retirement Plan |
| <input type="checkbox"/> Traditional IRA | |

OR

This is a **transfer** from a:

- Section 457(b) Governmental Plan

SECTION 4-YOUR CERTIFICATION

I, _____, certify to the best of my knowledge that the distribution I am rolling over/transferring to the North Texas School District Consortium 457(b) Retirement Savings Plan meets the requirements for a distribution from an eligible employer plan. I also certify that no portion of this rollover/transfer contains after-tax money.

I also understand that the funds being transferred/rolled over into this program will be invested, as soon as administratively possible, in exactly the same manner as my salary deferral funds in the Plan. If I have not chosen to direct how my funds are invested, I understand that my funds will be invested in the default portfolio for the Plan.*

Direct Rollover/Transfer Request – Page 2 of 2

SECTION 4-YOUR CERTIFICATION (continued)

I further certify that I have read this form in its entirety and that the information I have provided is true and complete to the best of my knowledge.

Employee Signature

* For Information about how to change the investment of your funds, please call PARS at (800) 540-6369 or access your account online at www.parsinfo.org.

SECTION 5-PRIOR PLAN ADMINISTRATOR CERTIFICATION (required)

To the best of my knowledge, I certify that the above amount is an Eligible Rollover Distribution/Transfer from a qualified retirement plan as specified above in Section 3.

Printed Name of Representative

Name of Institution

Signature of Representative

Date

10/25/06