

Educators Benefit Consultants
403(b)/457(b) Administration and Compliance Service

TRANSACTION PROCESSING FORM

Name of Representative	OR	Attach Business Card
Address		
Phone Number		
Name of Plan Sponsor (School District)		

Please check box that indicates nature of transaction

- Exchange
- Transfer
- Rollover
- Hardship Withdrawal
- Loan
- In-Service Distribution

Client Name / SSN
Releasing Carrier
Accepting Carrier
Amount of Exchange/Transfer/Rollover/Hardship/Loan/Withdrawal

Please complete this form and send along with necessary transactions documents to Educators Benefit Consultants for signature.

Educators Benefit Consultants
ACS Division
3125 Airport Parkway, N.E.
Cambridge, MN 55008

EBC will sign and attach copy of UVA and return to you so you may send to appropriate investment provider.

<p><u><i>For EBC Use Only</i></u></p> <p>Copy of Universal Vendor Agreement (UVA) is only required for an exchange, transfer, and in some cases a rollover transaction. Attach copy of UVA signed by the investment provider that is receiving the funds.</p> <p>Attached: ___Yes ___No Initials: _____ Date: _____</p>
