

### Transaction Routing Request

Instructions: To facilitate processing, this form **MUST** accompany any contract exchange, rollover, distribution or loan request paperwork provided by your 403(b)/457(b) company or representative. This form must be completed by the employee and/or agent.

**IMPORTANT!**  Please check this box if you are returning additional information for a previously submitted transaction.

|   |  |                  |  |
|---|--|------------------|--|
| <input type="checkbox"/> Current Plan Sponsor<br><input type="checkbox"/> Former Plan Sponsor | Plan Sponsor Name (District or College— <i>Plan under which funds were contributed regardless of current employment status</i> ) | Termination Date | <input type="checkbox"/> Rehired<br><input type="checkbox"/> Not Rehired |
|---|--|------------------|--|

Employee Name \_\_\_\_\_

|                          |              |               |
|--------------------------|--------------|---------------|
| Employee Mailing Address | Employee SSN | Date of Birth |
|--------------------------|--------------|---------------|

City, State, and Zip \_\_\_\_\_

|                       |                         |
|-----------------------|-------------------------|
| Employee Phone Number | Employee E-mail Address |
|-----------------------|-------------------------|

|            |             |                      |
|------------|-------------|----------------------|
| Agent Name | Agent Phone | Agent E-mail Address |
|------------|-------------|----------------------|

**A** I am requesting a  Distribution\* or  Rollover from my 403(b)/403(b)(7)/457(b) account with \_\_\_\_\_ (Company Name)

\*Distribution Type:  Financial Hardship Withdrawal  Required Minimum Distribution  Cash Distribution\*  457(b) Unforeseen Emergency Distribution

\*Cash Distribution or Rollover due to:  Separated from Service - Date of Separation: \_\_\_\_/\_\_\_\_/\_\_\_\_  Age 59 1/2  Death Claim  
(cannot be re-employed with the District/College)

Rollover into my 403(b)/403(b)(7)/457(b) account with \_\_\_\_\_ (Company Name)

The source of the funds I am rolling into my account is  IRA  401(k)  Florida DROP Plan  Other \_\_\_\_\_

➔ *Transactions above that require proof of age may be expedited if you provide a copy of a valid govt.-issued identification with birth date.  
 Transactions above based upon separation from service may be expedited if you provide a letter of separation from your employer.*

**B** I am requesting a  Contract Exchange (allowed only between or to authorized providers under employer's Plan) Please check if ORP   
(Texas / Florida only)

from (Provider) \_\_\_\_\_ to (Provider) \_\_\_\_\_  
(Provider Name) (Provider Name)

Transfer—Purchase of Service Credit with Retirement System: \_\_\_\_\_

**C** **Loan Only**

I am requesting a  Loan from my 403(b)/403(b)(7)/457(b) account with \_\_\_\_\_ (Company Name)

**Certification: (required)** The following information is true and correct to the best of my knowledge:

Do you have any current 403(b) or 457(b) loans outstanding?  YES  NO If "YES", provide the name of the provider for each outstanding loan:  
 Provider Names: \_\_\_\_\_

Have you ever defaulted on a 403(b) or 457(b) loan?  YES  NO Note: If "YES", No further loans are available under your employer's Plan.

**IMPORTANT Participant Signature: (X) \_\_\_\_\_ (Loans Only)**

**Once completed, TSACG should forward this form and all other paperwork associated with this transaction to the following location:**

Employee  Mail to the same address as above or  FAX to (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Agent  Mail or  FAX Mailing Address: \_\_\_\_\_  
 FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company  Mail or  FAX Mailing Address: \_\_\_\_\_  
 FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Submit Completed Form and All Accompanying Paperwork To:  
**TSA Consulting Group, Inc. • 28 Ferry Rd. SE • Fort Walton Beach, FL 32548**  
 Fax: 1-866-741-0645 • Email: recordkeeping@tsacg.com

**DO NOT WRITE IN THIS SECTION** Processing Action:  Approved  Declined

|                 |                      |            |
|-----------------|----------------------|------------|
| Processor _____ | Date Processed _____ | Date Stamp |
|-----------------|----------------------|------------|

### **403(b) Transaction Processing**

All transactions require a Transaction Routing Request form. The Transaction Routing Request Form provides important information regarding your request and is vital to ensuring proper processing.

### **Distributions**

Distribution transactions may include any of the following: loan, transfer/exchange, rollover, hardship withdrawal or cash distributions. Each product provider requires their own form to be submitted. You may request distributions by completing the necessary forms obtained from your investment product provider, other necessary documentation as indicated below and submitting all completed documents to TSACG for processing.

| <b>Transaction Requested</b>                                     | <b>Forms needed for Processing</b>  |
|--|---|
| Transfers (Contract Exchanges)/Rollover, incoming and outgoing   | Submit <b>complete provider paperwork</b> for transaction and the following form:<br><br>*Completed Transaction Routing Request form (including Box B)  |
| 403(b) Hardship Withdrawals                                      | Submit <b>complete provider paperwork</b> for transaction and the following forms and/or documentation:<br><br>*Completed Transaction Routing Request form<br>*Completed Hardship Withdrawal Disclosure form<br>*Evidence of expenses equal or more than amount requesting<br><br><i>Please verify that you have completed Box A on the form if you are submitting a transaction for a Financial Hardship Withdrawal.</i><br><br><i>Please note that evidence of expenses MUST be provided for approval of request.</i>                 |
| 457(b) Unforeseen Emergency Withdrawals                          | Submit <b>complete provider paperwork</b> for transaction and the following forms and/or documentation:<br><br>*Completed Transaction Routing Request form<br>*Completed 457 Unforeseen Emergency Disclosure form<br>*Evidence of expenses equal or more than amount requesting<br><br><i>Please verify that you have completed Box A on the form if you are submitting a transaction for a 457 (b) Unforeseen Emergency Withdrawal..</i><br><br><i>Please note that evidence of expenses MUST be provided for approval of request.</i> |
| 403(b) and 457(b) Loan Withdrawals                               | Submit <b>complete provider paperwork</b> for transaction and the following form:<br><br>*Completed Transaction Routing Request form (including Box C)  |
| 403(b) and 457(b) Cash Withdrawal (due to qualifying event only) | Submit <b>complete provider paperwork</b> for transaction and the following form:<br><br>*Completed Transaction Routing Request form (including Box A)  |

***Important: If your rollover or withdrawal request is due to the qualifying event of separation from service your termination date must be verified by your employer. Including a copy of a termination letter from your employer that verifies the date and will help to expedite your request. Failure to include this information may result in delays in processing, as TSACG will have to request termination date verification from the employer and await response in order to process your request.***

### **Transfers**

As of January 1, 2009, participants may only exchange their accounts among the authorized providers in the employer's 403(b) Plan.

After verifying that the selected new provider is a current authorized provider, you must complete any forms required by the provider (usually supplied by the new provider), as well as a Transaction Routing Request form. All completed forms should be submitted to TSACG for processing.

### **Submitting Transaction Requests**

All transaction requests should be submitted to TSACG for processing via fax or mail:

TSA Consulting Group, Inc.  
Attn: Participant Transaction Department  
28 Ferry Rd. SE  
Fort Walton Beach, FL 32548  
Fax: 1-866-741-0645

TSACG wants to assist you in the most efficient manner possible. Carefully reviewing all documentation, verifying that you have signed all necessary forms, and verifying that you have included any necessary evidence will help us to reach this goal and avoid delays that are caused by incomplete documentation. Our customer service representatives are available to assist you at 1-888-796-3786 or [recordkeeping@tsacg.com](mailto:recordkeeping@tsacg.com)