

**TSA Consulting Group, Inc.
Transaction Routing Request**

Instructions: This form **MUST** accompany any contract exchange, rollover, distribution or loan request paperwork provided by your 403(b)/457(b) company or representative.



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

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 |
|------------|-------------|----------------------|

*Approved transaction notification provided only if email address is provided and is legible.

A I am requesting a **Distribution*** from my 403(b)/403(b)(7)/457(b) account with _____ (Company Name) Please check if ORP (Texas / Florida only)

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

I am requesting a **Rollover** from my 403(b)/403(b)(7)/457(b) account with _____ (Outgoing Company Name) to _____ (Receiving Company Name)

Receiving Company Account Type: IRA 401(k) Florida DROP Plan QDRO Other _____

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

➔ *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) **Transfer—Purchase of Service Credit**

from (Provider) _____ (Provider Name) to (Provider) _____ (Provider Name or Retirement System Name) Please check if ORP (Texas / Florida only)

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 loans outstanding from any plan(s) sponsored by Plan Sponsor? YES NO If "YES", provide name of provider for each outstanding loan:
 Provider Names: _____;

Have you ever defaulted on a loan from any plan(s) sponsored by Plan Sponsor? YES NO

Note: If "YES", No further loans are available under your employer's Plan.

LOANS ONLY: Signature of Participant: _____ Date: _____

TSACG should mail or fax (select one option only*) this form and all other paperwork associated with this transaction to the following Company or Agency:

(PLEASE PRINT OR TYPE LEGIBLY)

Company/Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax Number: _____

*If you select more than one option, the default return method will be based on how the information was originally submitted to TSACG.

Important Note to Participant

*Please retain a copy of this form as well as a copy of all original documents submitted for your records. All documents received by TSACG for the requested transaction will be forwarded to the company listed above. If no selection is made, all documents will be forwarded to the appropriate provider company.
 Please note that no documents will be returned to the participant.*

By submitting this form, I understand and acknowledge that my employer allows transactions specific to the Plan Document and Adoption Agreement that established the 403(b) and/or 457(b) Plan, and I attest that I understand that I may be required to complete additional forms from my investment product provider company and that all such forms must accompany this Transaction Routing Request form submitted to TSA Consulting Group, Inc. (TSACG), my employer's Plan Administrator. I also acknowledge that the value of my account is based on market performance and that market fluctuations may result in a value variance during the time my request is being processed by TSACG and my investment product provider. There may be tax consequences for the requested transaction. Please see your tax advisor for further details. TSACG understands that your personal information and privacy are important, and we make every effort to ensure that the information you submit for a transaction is recorded accurately, retained securely, and used only in accordance for the purpose intended. Please note that relevant information about your transaction may be shared with, and between, employers, 403(b)/457(b) provider, and TSACG.

Submit Completed Form and All Accompanying Paperwork To:

TSA Consulting Group, Inc.
28 Ferry Rd. SE
Fort Walton Beach, FL 32548

Phone: 1-888-796-3786

Fax: 1-866-741-0645

Email: recordkeeping@tsacg.com

403(b) Transaction Processing

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

Distributions

Distribution transactions may include any of the following: loan, contract 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.

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

Contract Exchanges

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 TRR form. All completed forms should be submitted to TSACG for processing.

Return Method

Participants should submit to TSACG all provider paperwork and the TSACG TRR form. All paperwork, upon approval, will be mailed or faxed as directed on the TRR.

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; Email: recordkeeping@tsacg.com

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.