

	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) company or represen <u>IMPORTANT!</u> Please check this box if you are returning additional information for a previously submitted transaction.								
Current Plan Sponsor Name (District or College— <u>Plan under which funds were contributed regardless of current employment status</u>) Termination Date						Rehired Not Rehired			
	Employee Name	ployee Name							
	Employee Mailing Address	aployee Mailing Address			Employee SSN		Date of Birth		
	City, State, and Zip			· · · · · ·					
	Employee Phone Number			Employee E-mail Address (Approved	I transaction notific	cation provided only if email addre	ess is provided and is legible.)		
	Agent Name		Agent Pl	hone	Agent E-mail A	ddress			
A	I am requesting a	am requesting a Distribution* from my 403(b)/403(b)(7) account with (Company Name)							
*Distribution Type: 🗌 Financial Hardship Withdrawal									
	I am requesting a Rollover from my 403(b)/403(b)(7) account with to to (Receiving Company Name)								
The source of the funds I am rolling into my account is IRA 401(k) Florida DROP Plan Other *Cash Distribution or Rollover due to: Separated from Service - Date of Separation: / / Age 59 1/2									
			(cannot be re-employed with th	re-employed with the District/College)					
	Transactions	s above that require proof of age may s above based upon separation from	of of age may be expedited if you provide a copy of a valid govtissued identification with birth date. paration from service may be expedited if you provide a letter of separation from your employer.						
В	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 Retireme	nt System Name)	Please check if ORP (Texas / Florida only)		
С	<u>Loan Only</u> I am re	<u>oan Only</u> I am requesting a Loan from my 403(b)/403(b)(7) 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 YES", provide the name of the provider for each outstanding loan:								
	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.								
10	LOANS ONLY: Signature of Participant: Date:								
SACG ver.1.9.15	Once completed, TSAC this form and all other following Company or Company/Agency Name Address:	the Please retain a co for your records. A forwarded to th docume Please	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 to the left of this box. If no selection is made, all documents will be forwarded to the appropriate provider company. Please note that <u>no</u> documents will be returned to the participant.						
Ig Group, Inc./TSACG	City:	State: Zip:		TSA Co P.C	Submit Completed Form and All Accompanying Paperwork To: TSA Consulting Group, Inc. • Attn: Participant Transactions P.O. Box 4037 • Fort Walton Beach, FL 32549-4037 Fax: 1-866-741-0645 • Email: recordkeeping@tsacg.com				
© 2009 TSA	By submitting this form, I attest that I understand and acknowledge that my employer allows transactions specific to the Plan Document and Adoption Agreement that established the 403(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 Third Party 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) provider, and TSACG.								

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, contract exchan ge, rollover, hards hip 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 Please verify that you have completed Box A on the form if you are submitting a transaction for a Financial Hardship Withdrawal. Please note that evidence of expenses MUST be provided for approval of request.
403(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) 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 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 P.O. Box 4037 Fort Walton Beach, FL 32549-4037 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 record/customer.service-representatives-are-available-to-assist you at 1-888-796-3786 or record/customer.service-representatives-are-available-to-assist-you at 1-888-796-3786 or record/customer.service-representatives-are-available-to-assist-you at 1-888-796-3786 or record/customer.service-record/customer.service-record/customer.service-record/customer.service-record/customer.service-record/customer.service-record/customer.service-record/customer.service-record/customer.service-record/customer.service-record/customer.service-record/customer.service-record/customer.