

### 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 representative.

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

<input type="checkbox"/> Current Plan Sponsor <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 <input type="checkbox"/> Not Rehired
Employee Name			
Employee Mailing Address		Employee SSN	Date of Birth
City, State, and Zip			
Employee Phone Number <small>(legible.)</small>		Employee E-mail Address (Approved transaction notification provided only if email address is provided and is legible.)	
Agent Name		Agent Phone	Agent E-mail Address

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

\*Distribution Type: ☐ Financial Hardship Withdrawal ☐ Required Minimum Distribution ☐ Cash Distribution\*

I am requesting a ☐ **Rollover** from my 403(b)/403(b)(7) account with \_\_\_\_\_ (Outgoing Company Name) 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 ☐ Death Claim  
(cannot 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

**C** **Loan Only** 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:  
 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 PI

**LOANS ONLY:** Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Once completed, TSACG should ☐ mail ☐ 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: \_\_\_\_\_

**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 no documents will be returned to the participant.

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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**

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.

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, 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.

<b>Transaction Requested</b>	<b>Forms needed for Processing</b>
Contract Exchanges, incoming and outgoing	Submit <b>complete provider paperwork</b> for transaction and the following form:  *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:  *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>
403(b) Loan Withdrawals	Submit <b>complete provider paperwork</b> 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 <b>complete provider paperwork</b> 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 [recordkeeping@tsacg.com](mailto:recordkeeping@tsacg.com)