TSA Consulting Group, Inc.
Transaction Routing Request

Instructions: This form **MUST** accompany any paperwork provided by your Investment Provider company or Representative.

Identification

☐ Current Employer ☐ Former Employer	Employer/Plan Sponsor Name (Plan under which funds were contributed regardless of current employment status)	Termination Date	☐ Full Time ☐ Part Time ☐ Substitute ☐ Adjunct

Employee/Participant Name (if different at time of employment please provide proof of legal name change)	Employee Daytime Phone Number

Employee Mailing Address	Employee SSN	Date of Birth

City, State, and Zip

Employee E-mail Address*

Agent or Advisor Name	Agent or Advisor Phone	Agent or Advisor E-mail Address*

*Transaction status notification provided only if email address is provided and is legible.

A1 I am requesting a ☐ **Distribution** from my 403(b)/403(b)(7)/457(b)/401(a) account with________________________________ (Company Name) ☐ Please check if ORP[1] (Texas / Florida only)

Distribution Type: ☐ Financial Hardship Withdrawal ☐ Required Minimum Distribution ☐ Cash Distribution ☐ 457(b) Unforeseen Emergency Distribution ☐ Return of Excess Contribution ☐ 401(a) Distribution

A2 I am requesting a ☐ **Rollover** from/to my 403(b)/403(b)(7)/457(b)/401(a) account with ________________________ (Outgoing Company Name) to ______________________ (Receiving Company Name)

Receiving Company Account Type: ☐ IRA ☐ 401(k) ☐ 401(a) ☐ Other ______________________________

A3 **Distributable Event:** Cash Distribution or Rollover indicated above is due to: ☐ Separated from Service* - Date of Separation: _____/_____/_____ ☐ Qualified Domestic Relations Order (QDRO) ☐ Age Eligible ☐ Death Claim (*cannot currently be re-employed)

B I am requesting a ☐ **403(b) Contract Exchange/457(b) Transfer** (allowed only between or to authorized providers under employer's Plan) ☐ **Transfer—Purchase of Service Credit** ☐ **Plan-to-Plan Transfer**

from ____________________________________ (Investment Provider Company Name) to ____________________________________ (Investment Provider Company Name or Retirement System Name) ☐ Please check if ORP[1] (Texas / Florida only)

C ***Loan Only**** I am requesting a ☐ **Loan** from my 403(b)/403(b)(7)/457(b)/401(a) account with ______________________________________. (Company Name)

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

Do you have any loans outstanding from any plan(s) sponsored by Plan Sponsor? ☐ YES ☐ NO If "YES", provide information for each outstanding loan:

Provider 1: ________________________________; Account Number: ______________________________

Provider 2: ________________________________; Account Number: ______________________________

Do you have a loan from any plan(s) sponsored by your Plan Sponsor that is currently in default? ☐ YES ☐ NO

***Amount approved may be less than amount requested according to Internal Revenue Service guidelines.**

***LOANS ONLY*: Signature of Participant: ___________________________________ Date: _______________**

Where and how should TSACG send the completed paperwork?

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

(PLEASE PRINT OR TYPE LEGIBLY)

Investment Provider/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 Investment Provider listed above. If no selection is made, all documents will be forwarded to the appropriate Investment Provider company.

NOTE: Documents will not 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)/401(a) investment provider(s), and TSACG.

Fax Completed Form and All Accompanying Documents To:

Fax Numbers: 1-866-741-0645 or 1-866-814-0622

Carefully verify fax number dialed.

NOTE: Faxed transactions require 24 hours for verification of receipt by TSA.
E-mail confirmation of receipt will be sent as soon as verification is possible.

TSA Consulting Group, Inc. • Participant Services
P.O. Box 4037 • Fort Walton Beach, FL 32549-4037
Phone: 1-888-796-3786 Opt. 4 • Email: recordkeeping@tsacg.com

Transaction Submission Instructions

All transactions require both the completed paperwork from the Investment Provider company and a completed Transaction Routing Request (TRR) form (page 1 of this document). The TRR form provides important information regarding your request and is vital to ensuring proper processing. You may request a transaction 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
Cash Distribution/Withdrawal—Requires a distributable event (i.e., age eligibility, separation from service, death, or disability)	1. Completed Investment Provider company paperwork. 2. Completed TRR form, which includes completion of the Identification section along with boxes A-1 and A-3 as applicable and the return information.
403(b) Hardship Withdrawals	1.Completed Investment Provider company paperwork. 2.Completed 403(b) Hardship Withdrawal Disclosure form located online at *https://www.tsacg.com/individual/plan-transactions/* 3. Evidence of expenses equal to or more than the amount requested. 4. Completed TRR form, which includes completion of the Identification section along with box A-1 as applicable and the return information. Guidelines for a Hardship Withdrawal can be found online at *https://www.tsacg.com/individual/plan-transactions/*
457(b) Unforeseen Emergency Withdrawals	1.Completed Investment Provider company paperwork. 2.Completed 457(b) Unforeseen Emergency Withdrawal disclosure form located online at *https://www.tsacg.com/individual/plan-transactions/* 3. Evidence of expenses equal to or more than the amount requested. 4. Completed TRR form, which includes completion of the Identification section along with box A-1 as applicable and the return information.
Rollovers (into and out of the Plan)	1. Completed Investment Provider company paperwork. 2. Completed TRR form, which includes completion of the Identification section along with boxes A-2 and A-3 as applicable and the return information.
403(b)Contract Exchanges/457(b) Transfer	1. Completed Investment Provider company paperwork. 2. Completed TRR form, which includes completion of the Identification section along with box B as applicable and the return information.
Plan-to-Plan Transfers	1. Completed Investment Provider company paperwork. 2. Completed TRR form, which includes completion of the Identification section along with box B as applicable and the return information.
Purchase of Service Credit (Transfer)	1. Completed Investment Provider company paperwork. 2. Completed State Retirement System paperwork. 3. Completed TRR form, which includes completion of the Identification section along with box B as applicable and the return information.
Loans	1. Completed Investment Provider company paperwork. 2. Completed TRR form, which includes completion of the Identification section along with box C as applicable and the return information. *Note: If requesting a residential loan, proof of home purchase must also be submitted.*

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.

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 investment provider), as well as a TRR form. All completed forms should be submitted to TSACG for processing.

[1] ORP

Optional Retirement Plan: An optional defined contribution plan available to specific state employees in lieu of the standard state retirement plan.

Return Method

Participants should fax to TSACG all investment 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 faxed to TSACG for processing:
Fax: 1-866-741-0645 or 1-866-814-0622
Email: recordkeeping@tsacg.com
Mail: TSA Consulting Group, Inc., Attn: Participant Services, P.O. Box 4037, Fort Walton Beach, FL 32549-4037
Overnight Delivery: TSA Consulting Group, Inc., Attn: Participant Transactions, 73 Eglin Parkway NE, Suite 302, Fort Walton Beach, FL 32548

TSACG is not responsible for transaction requests submitted to a misdialed fax number resulting in personal and private information being sent to a wrong location. Please check the fax number carefully before sending transactions to TSACG.

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.