



**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) Investment Provider or representative.

<input type="checkbox"/> Current Plan Sponsor <input type="checkbox"/> Former Plan Sponsor	Plan Sponsor Name (Employer — Plan under which funds were contributed regardless of current employment status)	Termination Date	<input type="checkbox"/> Rehired <input type="checkbox"/> Not Rehired
Employee Name		Employee Name at Time of Enrollment in Plan (if different)	
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	

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

<b>A</b>	<b>1</b>	I am requesting a <input type="checkbox"/> <b>Distribution</b> from my 403(b)/403(b)(7)/457(b) account with _____ (Company Name) <span style="float:right;"><input type="checkbox"/> Please check if ORP<sup>1</sup> (Texas / Florida only)</span>
Distribution Type: <input type="checkbox"/> Financial Hardship Withdrawal <input type="checkbox"/> Required Minimum Distribution <input type="checkbox"/> Cash Distribution <input type="checkbox"/> 457(b) Unforeseen Emergency Distribution <input type="checkbox"/> Return of Excess Contribution		
<b>A</b>	<b>2</b>	I am requesting a <input type="checkbox"/> <b>Rollover</b> from my 403(b)/403(b)(7)/457(b) account with _____ (Outgoing Company Name) to _____ (Receiving Company Name)
Receiving Company Account Type: <input type="checkbox"/> IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> Other _____		
<b>A</b>	<b>3</b>	<b>Distributable Event:</b> Cash Distribution or Rollover indicated above is due to: <input type="checkbox"/> Separated from Service* - Date of Separation: ____/____/____ <input type="checkbox"/> Qualified Domestic Relations Order (QDRO) <input type="checkbox"/> Age 59 1/2 <input type="checkbox"/> Death Claim <span style="float:right;"><small>(*cannot currently be re-employed)</small></span>

<b>B</b>	I am requesting a <input type="checkbox"/> <b>Contract Exchange</b> (allowed <u>only between or to</u> authorized providers under employer's Plan) <input type="checkbox"/> <b>Transfer—Purchase of Service Credit</b>
from (Provider) _____ (Provider Name) to (Provider) _____ (Provider Name or Retirement System Name) <span style="float:right;"><input type="checkbox"/> Please check if ORP (Texas / Florida only)</span>	

<b>C</b>	<b><u>Loan Only</u></b> * I am requesting a <input type="checkbox"/> <b>Loan</b> from my 403(b)/403(b)(7)/457(b) account with _____ (Company Name)
<b>Certification: (required)</b> 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 <input type="checkbox"/> NO <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
*Amount approved may be less than amount requested according to Internal Revenue Service guidelines.	
<b><u>LOANS ONLY:</u> Signature of Participant: _____ Date: _____</b>	

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) investment provider(s), and TSACG.

**Fax or Mail Completed Form and All Accompanying Documents To:**

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

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.  
28 Ferry Rd. SE • Fort Walton Beach, FL 32548**

**Phone: 1-888-796-3786 Opt. 2 • 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 investment 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 investment provider paperwork</b> for transaction and the following form:  *Completed Transaction Routing Request form (including Box B)
403(b) Hardship Withdrawals	Submit <b>complete investment 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>
457(b) Unforeseen Emergency Withdrawals	Submit <b>complete investment provider paperwork</b> 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 <b>complete investment provider paperwork</b> for transaction and the following form:  *Completed Transaction Routing Request form (including Box C)  <i>**Amount approved may be less than amount requested according to Internal Revenue Service guidelines. Please note that evidence of purchase of principal residence must be provided for approval of a residential loan.</i>
Rollovers and/or 403(b) and 457(b) Cash Withdrawal (due to qualifying event only)	Submit <b>complete investment 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.**

### **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.

### **<sup>1</sup> 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 submit 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 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](mailto: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](mailto:recordkeeping@tsacg.com).