

Instructions: This form is intended as a supplement to your Investment Provider's paperwork.

|  |                            |                                   |
|--|----------------------------|-----------------------------------|
| <input type="checkbox"/> <b>Current Employer</b><br><input type="checkbox"/> <b>Former Employer</b>      | Employer/Plan Sponsor Name | Termination Date (If applicable)  |
| 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                      |
| City, State, and Zip   |                            | Date of Birth                     |
| 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.

|   |  |   |
|---|--|---|
| I am requesting a <input type="checkbox"/> <b>Distribution</b> from my 403(b)/457(b)/401(a) account with _____<br><small>(Company Name)</small>   |  | <input type="checkbox"/> Please check if ORP <sup>1</sup> |
| Distribution Type: <input type="checkbox"/> Cash Distribution <input type="checkbox"/> 403(b) Financial Hardship Withdrawal <input type="checkbox"/> 457(b) Unforeseen Emergency Distribution<br><input type="checkbox"/> Return of Excess Contribution   |  |   |
| I am requesting a <input type="checkbox"/> <b>Rollover</b> <input type="checkbox"/> <b>403(b) Contract Exchange/457(b) Transfer</b> <input type="checkbox"/> <b>Employer-to-Employer Transfer</b> <input type="checkbox"/> <b>Purchase of Service Credit Transfer</b><br>from _____ to _____<br><small>(Outgoing Company Name) (Receiving Company Name)</small> |  |   |
| Qualifying event: <input type="checkbox"/> <b>Age Eligible</b> <input type="checkbox"/> <b>Separation of Service * - Date of Separation: ____/____/____</b> <input type="checkbox"/> <b>Death Claim</b><br><small>(*cannot currently be re-employed)</small><br><input type="checkbox"/> <b>Qualified Domestic Relations Order (QDRO)</b>                       |  |   |
| I am requesting a loan: <input type="checkbox"/> <b>General Loan</b> <input type="checkbox"/> <b>Residential Loan</b>   |  |   |

**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 TYPE OR PRINT 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. Please note, if the indicated investment provider above accepts faxes the document(s) will be faxed rather than mailed.

**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. 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.**

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 This 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 the completed paperwork from the Investment Provider company. The Transaction Information (TI) form provides important information regarding your request and is vital to ensuring proper processing.

**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.**

| <b>Transaction Requested</b>   | <b>Forms needed for Processing</b>  |
|--|---|
| Cash Distribution/Withdrawal—Requires a distributable event (i.e., age eligibility, separation from service, or death) | 1. Completed Investment Provider company paperwork.<br>2. Completed TI form, which includes completion of page 1 of this document.  |
| 403(b) Hardship Withdrawals  | 1. Completed Investment Provider company paperwork.<br>2. Completed 403(b) Hardship Withdrawal Disclosure form located online at <a href="https://www.tsacg.com/individual/plan-transactions/">https://www.tsacg.com/individual/plan-transactions/</a><br>3. Evidence of expenses equal to or more than the amount requested.<br>4. Completed TI form, which includes completion of page 1 of this document.<br><br>Guidelines for a Hardship Withdrawal can be found online at <a href="https://www.tsacg.com/individual/plan-transactions/">https://www.tsacg.com/individual/plan-transactions/</a> |
| 457(b) Unforeseen Emergency Withdrawals  | 1. Completed Investment Provider company paperwork.<br>2. Completed 457(b) Unforeseen Emergency Withdrawal disclosure form located online at <a href="https://www.tsacg.com/individual/plan-transactions/">https://www.tsacg.com/individual/plan-transactions/</a><br>3. Evidence of expenses equal to or more than the amount requested.<br>4. Completed TI form, which includes completion of page 1 of this document.  |
| Rollovers (into and out of the Plan)   | 1. Completed Investment Provider company paperwork.<br>2. Completed TI form, which includes completion of page 1 of this document.  |
| 403(b) Contract Exchanges/457(b) Transfer  | 1. Completed Investment Provider company paperwork.<br>2. Completed TI form, which includes completion of page 1 of this document.  |
| Employer-to-Employer Transfers   | 1. Completed Investment Provider company paperwork.<br>2. Completed TI form, which includes completion of page 1 of this document.  |
| Purchase of Service Credit Transfer  | 1. Completed Investment Provider company paperwork.<br>2. Completed State Retirement System paperwork.<br>3. Completed TI form, which includes completion of page 1 of this document.   |
| Loans  | 1. Completed Investment Provider company paperwork.<br>2. Completed TI form, which includes completion of page 1 of this document.<br><br><i>Note: If requesting a residential loan, proof of home purchase must also be submitted.</i>   |

### **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 TI 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 TI form. All paperwork, upon approval, will be mailed or faxed as directed on the TI.

### **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](mailto: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, option 4 or [recordkeeping@tsacg.com](mailto:recordkeeping@tsacg.com).