



**TSA Consulting Group, Inc.
Transaction Information Form**



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

<input type="checkbox"/> Current Employer <input type="checkbox"/> Former Employer	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 Distribution from my 403(b)/457(b)/401(a) account with _____ (Company Name) Please check if ORP¹

Distribution Type: Cash Distribution 403(b) Financial Hardship Withdrawal 457(b) Unforeseen Emergency Distribution
 Return of Excess Contribution

I am requesting a Rollover 403(b) Contract Exchange/457(b) Transfer Employer-to-Employer Transfer Purchase of Service Credit Transfer

from _____ (Outgoing Company Name) to _____ (Receiving Company Name)

Qualifying event: Age Eligible Separation of Service * - Date of Separation: ___/___/___ Death Claim
(*cannot currently be re-employed)
 Qualified Domestic Relations Order (QDRO)

I am requesting a loan: General Loan Residential Loan

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.

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