

Transaction Routing Request Form

Instructions: To facilitate processing, this form should accompany any contract exchange, rollover, distribution or loan request paperwork provided by your 403(b)/457(b) company or representative. This form must be completed by the employee and/or agent.

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

Please Print or Type Legibly

Employer—School District or College		Termination Date (if applicable)	
Employee Name		Employee Social Security Number	Date of Birth
Employee Mailing Address			
City, State, and Zip			
Employee Phone Number		Employee Email Address	

I am requesting a Distribution* Loan from my 403(b)/403(b)(7)/457(b) account with _____
(Company Name)

*Distribution Type: Hardship Withdrawal Required Minimum Distribution Cash Distribution 457(b) Unforeseen Emergency Distribution

Employee Signature Date Signed (Transaction form is invalid if date signed more than 60 days from date of attached forms.)

Contract Exchange Rollover of my 403(b)/403(b)(7)/457(b) account

from _____ to _____
(Company Name) (Company Name)

Employee Signature Date Signed (Transaction form is invalid if date signed more than 60 days from date of attached forms.)

Once completed, TSACG should forward this form and all other paperwork associated with this transaction to the following location:

Employee (to the same address as above)

Agent— Agent's Name _____
Send to the following fax number or mailing address: _____

Agent's e-mail address _____

Company—Send to the following fax number or mailing address: _____

Submit Completed Form and All Accompanying Paperwork To:
TSA Consulting Group, Inc. • 28 Ferry Rd. SE • Fort Walton Beach, FL 32548
Fax: 1-866-741-0645 • Email: recordkeeping@tsacg.com

DO NOT WRITE IN THIS SECTION

Transaction Request Approved:

Notes:

Date Signed

Date Stamp