



**TSA**  
CONSULTING GROUP

## **Los Angeles Unified School District, California**

Meeting with  
403(b) Investment Provider  
Representatives

LAUSD Staff  
and  
TSA Consulting Group, Inc.  
Compliance Administration Service Provider

Due: December 15, 2011 @ 2:00 p.m. PST

[www.tsacg.com](http://www.tsacg.com)

15 Yacht Club Dr NE  
Fort Walton Beach, FL 32548  
1-888-777-5827

**ART** Aggregated  
Records and  
Transactions

**EPARS**  
Electronic Process for  
Automated Remittance Services

**December 15, 2012**

**To: Financial Representatives for 403(b) companies authorized to solicit accounts in  
Los Angeles Unified School District**

**Good afternoon,**

**On September 1<sup>st</sup>, 2011, LAUSD awarded the job of administering the 403(b) program to our firm for the benefit of their employees. Our stance has always been that all entities in the program play a vital role in its success and smooth operation. The employee should participate in the available investments of their choice, the investment providers should provide the service and investment options that meet their needs, the employer should make these options available and support the program, and the administrator should ensure compliance and efficiency in the entire process.**

**This meeting was called in an effort to summarize the Plan Sponsor's rules and guidelines, provide operational information for the investment professionals along with capturing as much contact information as possible to ensure effective future communications.**

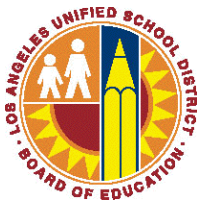
**The lead consultant for TSACG at LAUSD for the representative communications is April Young from Phoenix, Arizona. Her contact information is listed below. Steve Banks and Joe Rollins are available for corporate contact and assistance.**

**Thank you in advance for your assistance in making this plan one of the best.**

**Sincerely**



**Stephen R Banks  
Chief Administrative Officer**



# Los Angeles Unified School District

## SOLICITATION AGREEMENT

### *403(b) and 403(b)(7) Rules of Solicitation*

### *Authorized Investment Provider Representatives*

I \_\_\_\_\_ (name of Agent) acknowledge the Los Angeles Unified School District Rules of Solicitation and agree to abide by the rules stated below. I have verified the company/companies I represent is/are already an authorized investment provider for the Los Angeles Unified School District.

#### SECTION I – RULES AND PROCEDURES

1. Agent must sign the Rules of Solicitation Agreement and file with TSA Consulting Group, Inc., Plan Administrator, prior to working with employees of Los Angeles Unified School District.
2. Any Agent working in the district must be listed as an agent with at least one of the companies on the authorized investment provider list.
3. Agent is responsible for updating TSA Consulting Group Inc. of any changes in company/companies represented and any change in business contact information such as address, email and phone contact.
4. No agent may solicit employees or distribute promotional materials for the purpose of obtaining contracts for tax-sheltered annuities, 403(b) voluntary retirement savings or similar benefits on District property.
5. Agents may not ask employees to utilize District facilities (fax machines/telephones) to arrange appointments or send materials related to 403(b) voluntary retirement accounts.
6. Agents are not permitted to meet with employees on District property for any reason related to the soliciting or servicing of an employee 403(b) Tax-Sheltered Annuity.
7. Interference in any way with employees daily period of service will not be tolerated.
8. Agents may not for any reason sign-in to the ART System for, or on behalf of the employee, to process any transaction or make changes to Salary Reduction Agreement information. Accessing ART utilizing someone else's credentials is considered fraudulent activity and is grounds for immediate termination and/prosecution.

#### SECTION II – INVESTMENT PROVIDERS REPRESENTED

Please list the authorized company/companies you represent in the space provided below. If additional space is needed, please attached a separate sheet of paper and attach to this agreement. **Please list only authorized providers of the Los Angeles Unified School District which you represent.**

\_\_\_\_\_  
Name of 403(b)/403(b)(7) Provider

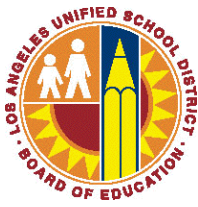
\_\_\_\_\_  
Name of 403(b)/403(b)(7) Provider

\_\_\_\_\_  
Name of 403(b)/403(b)(7) Provider

\_\_\_\_\_  
Name of 403(b)/403(b)(7) Provider

\_\_\_\_\_  
Name of 403(b)/403(b)(7) Provider

\_\_\_\_\_  
Name of 403(b)/403(b)(7) Provider



# Los Angeles Unified School District

Solicitation Agreement (cont.)

## SECTION III – DISCLOSURES

Please print legibly

Agent's Name (print) \_\_\_\_\_

Agent's Title \_\_\_\_\_

Agent's Mailing Address \_\_\_\_\_

\_\_\_\_\_

Agent's Telephone \_\_\_\_\_ Agent's Email \_\_\_\_\_

Agent's Alternative Telephone \_\_\_\_\_

\_\_\_\_\_

This agreement supersedes all prior solicitation agreements between the Agent and Employer. This agreement may be modified, amended or terminated by Los Angeles Unified School District as deemed necessary.

Failure to follow the solicitation rules may result in immediate termination of this agreement and the removal of that individual from the authorized investment provider representative listing. Furthermore, the Agent who violates these rules may become an unauthorized agent and may not solicit business in the Los Angeles Unified School District until further notice and/or reinstatement.

***I do hereby understand and accept the rules and procedures for solicitations in Los Angeles Unified School District, Los Angeles, California.***

Signature of Agent \_\_\_\_\_

Date Signed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Return this completed form to: 1-866-478-3640**


**TSA Consulting Group, Inc., Attention: 15 Yacht Club Dr. NE, Fort Walton Beach, FL 32548**

**Inquiries may be directed to [ayoung@tsacg.com](mailto:ayoung@tsacg.com)**

## STEPS NECESSARY TO LOGIN TO ART

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***If you are logging in to view a Demonstration of this website please skip to Step 5.***

1. To begin, click in the text box next to **UserID:**  [Click to view an Example](#)
  - a. Please enter your unique UserID, or if this is your first time logging into the system, please enter your *Social Security Number*.
    - i. *Anytime your UserID is reset, or the first time you login, your default UserID will be your Social Security Number.*
    - ii. *This information is encrypted and is not shared with any third party. Your personal information is private and secure.*
2. Next click in the text box next to **Password:**
  - a. Please enter your unique Password, or if this is your first time logging into the system, your password is your *Date of Birth*. The format for inputting the *Date of Birth* should be *MMDDYYYY*.
    - i. *Anytime your Password is reset, or the first time you login, your default Password will be your Date of Birth.*
    - ii. *This information is encrypted and is not shared with any third party. Your personal information is private and secure.*
3. Next, click on the drop down menu next to **Login Type:**
  - a. If you are a Participant click the button labeled "**Participant**"
    - i. *This button will only log you in as a Participant if you are a Participant. If you are a plan sponsor, or are logging in to view the demonstration, this button will reject your UserID and Password.*
  - b. If you are a Plan Sponsor click the button labeled "**Sponsor**"
    - i. *This button will only log you in as a Plan Sponsor if you are a Plan Sponsor. If you are a Participant, or are logging in to view the demonstration, this button will reject your UserID and Password.*
4. Finally, to complete the login process please click on **Login**
5. To view a Demonstration of this website, click on the button labeled "**Demonstration Login**"
  - a. This button will automatically log you into the "demo" user. UserID and Password are automatically generated for you upon clicking the button.
    - i. *You will not need to enter any information in order to log into the Demonstration. Simply click the button labeled "**Demonstration Login**"*

Please note the following [links](#) listed above:

-[Forgot UserID or Password?](#): This hyper-link will take you to a page where you can input your *Social Security Number*, verify a user created "Alternate Verification Question" and reset your password. This option is only available to you if you have created your "Alternate Verification Question".

-[Problems Viewing this Site?](#): This hyper-link will take you to a page where you can view your *Browser Compatibility* to determine if your Internet Browser is compatible with this website.

To view an example of the summary screen, please click here: [Summary Screen](#)

To view an example of the Investment Information screen, please click here: [Investment Information](#)

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.

A 1	I am requesting a <input type="checkbox"/> <b>Distribution</b> from my 403(b)/403(b)(7)/457(b) account with _____ (Company Name) <input type="checkbox"/> Please check if ORP <sup>1</sup> (Texas / Florida only)
	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
A 2	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 _____
A 3	<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 (*cannot currently be re-employed)

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) _____ to (Provider) _____ <input type="checkbox"/> Please check if ORP (Texas / Florida only)
	(Provider Name) (Provider Name or Retirement System Name)

C	<b>Loan Only*</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>LOANS ONLY:</b> Signature of Participant: _____ Date: _____

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.

Transaction Requested	Forms needed for Processing
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)  **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.
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).