

Online Distribution System

Employee Online Distribution Tutorial

U.S. OMNI and TSACG Compliance Services Compliance & Administration Service Provider Client Services 73 Eglin Parkway NE • Fort Walton Beach, FL 32548

888.796.3786 Option 4

Dear Employee,

The most efficient and timely way to submit transactions for review is the use of U.S. OMNI and TSACG Compliance Services Online Distribution System (ODS). This advanced Web-based system allows participants and advisors alike to obtain immediate approval certification for eligible distributions. Further, all distribution requests may be submitted in this manner including those that require supporting documentation such as Hardship and Unforeseen Emergency withdrawals. ODS is available via https://transaction.tsacg.com, and it can also be accessed via a link on the homepage of our website: https://www.tsacg.com. ODS is available 24 hours a day, seven days a week.

There are many benefits to ODS:

- Employees can gain immediate approval certification for eligible distributions.
- All distribution requests may be submitted in this manner including those that require supporting documentation.
- Save time for you and reduce delays in processing time.
- The system can be accessed 24 hours a day, 7 days a week.
- Authorized Investment Provider Agents/Representatives can assist employees.

Employees should utilize the below instructions to successfully utilize ODS.

1. Navigate to the secure website <u>https://transaction.tsacg.com</u>.

TSSA CONSULTING GROUP	ONLINE DISTRIBUTION SYSTEM	
	Welcome to TSACG's Online Distribution System. The system is designed to give plan participants, financial advisors, and investment providers the ability to initiate the authorization process for all types of plan distributions. For a number of distribution types, the outcome of this process can result in the immediate receipt of a Certificate of Approval.	

IMPORTANT – Please be advised that anything with a red * or is pink, it is required! Example of required field looks like below.

		Participant Information 😨
*	First Name	
	Middle Name	

Part 1: Financial Advisor Information

Indicate if you are working with a Financial Advisor and include their contact information. If you are not working with an advisor then check, "No" and move to Part 2.

Part 1: Financial Advisor Information

We have found a list of advisors that may	be associated. Please select the ap the information below.		rect, otherwis
Select Advisor		v]
* Advisor Name	First Last		
* Advisor Phone Number	XXX-XXX-XXXX	Ext	XXXXX
* Advisor Email Address	example@company.com		

Part 2: Select Pariticipant's Employer/Plan Sponsor

* Is a representative or advisor assisting the participant with this transaction request? O No ... • Ves

Select the appropriate State and Employer name that your retirement account is associated under.

Part 2: Select Participant's Employer/Plan Sponsor

* Employer State	Florida	~	* Employer	Okaloosa County School District, Fort Walton Beach
lf you can	not find the employer's			ase contact the Recordkeeping department at 888-796-3786 e TPA for the employer.

Part 3: Participant's Information

Please enter all of the information identified below.

- Employee's Social Security Number **OR** Employee Number
- Employee's Date of Birth
- Employee's Name, Address, Phone Number, and Email

rt 2: Employer Information * Employer :	State California	* Employer Anderson Union High Sc	hool District, Anderson
If you	u cannot find the employer's state or employer's n option 5 to deten	ame above, please contact the SRA P mine if we are the TPA for the employe	rocessing department at 888-796-3786 if.
rt 3: Participant's Information	ial Security Number 2004-2043333	AND	Date of Birth 0305/1964
		1	SEARCH RESET
* First Name	Personal Information Walt	* Address	1 Mainstreet USA
M ddle Name	vv art	* City	Anaheim
* Last Name	Disney	* State	CA
Hire Date		* Zip Code	92802
Employer Termination Date		* Phone Number	1111111111 Ext
		Email	
		* Alternate Email	programservices@lsacg.com
	employment with this employer? No Yes		

Please do not forget to answer, "Has the participant terminated employment with this employer?" If you have left the employer, please provide an approximate date you left. Please be advised that all dates will be verified with the employer if one is not on file.

* Has the participant terminated employment with this employe	r? O No	Yes
** What was the participant's termination date?	MM/DD/YYYY	
** This date will be verified with the former Employer if applicat	ole to your trans	action request.

Part 4: Transaction Information

Select the type of transaction you wish to request.

- Initiate a loan
- Withdrawal Money
- Move Money
- Buy Service Credit

<u>A) Initiate a loan.</u> Please be advised that all loans that exceed 5-year terms will require supporting documentation to show you are using the loan towards the purchase of your principal residence.

Part 4: Transaction Information

* What would you like to do? Initiate a Loan 🗸	
* is the loan for the purchase of a primary residence and will the loan term exceed 5 years?	○ No 🔍 Yes
* Select the plan type 403(b)	
* Select the investment provider AIG Retirement Services (VALIC)	•
If known, enter the investment provider account/contract number	
* Enter the loan amount \$ 2,000.00	

B) Withdrawal Money. A qualifying event is required when taking a withdrawal. You must select the appropriate qualifying event based on your transaction. Please be advised that qualifying events based on age and/or an employment status will only appear if you are eligible. Additionally, some qualifying events will require additional information and/or supporting documentation.

Part 4: Transaction Information

* What would you like to do? Withdraw Money
Withdrawals have stipulations known as qualifying events.
* What is the qualifying event? I am at least Age 59 ½
* Select the plan type 403(b)
* Select the investment provider ReliaStar Life Insurance Co
If known, enter the investment provider account/contract number
* Will the withdrawal be for an exact dollar amount or percentage? O Dollar O Percentage
* What is the reason for not specifying a dollar or percentage amount? Penalty Free Funds

When entering an amount, you may enter a specified dollar amount or percentage, or select "Other." If "Other" is selected, you will find the options below.

- Death Claim
- Penalty Free Funds
- Required Minimum Distribution (RMD)
- Systematic Withdrawal

C) **Move money**. To move money, one would move from one investment provider into another. The types of movements are listed below.

- Exchange
- Rollover
- Transfer

1) Exchange – An exchange is movement of money from one investment provider to an authorized investment provider within the same employer's plan. A qualifying event is not required to exchange your account into another authorized provider.

Part 4: Transaction Information

* What would you like to do? Move Money
* What is the manner in which the money will be moved? Exchange
Exchange Description An exchange moves money from one investment provider to an authorized investment provider within the same plan.
From Investment Provider
* Select the plan type 403(b)
* Select the investment provider Security Benefit Group
If known, enter the investment provider account/contract number
To Investment Provider
* Select the investment provider Equitable
If known, enter the investment provider account/contract number
* Will the contract exchange be for an exact dollar amount or percentage?
* Enter the contract exchange amount \$ 10,000.00

2) Rollover – A rollover is movement of money from one qualified plan to another qualified plan with a qualifying event.

Part 4: Transaction Information
*What would you like to do? Move Money
*What is the manner in which the money will be moved? Rollover
Rollover Description A Rollover moves money from one qualified plan to another qualified plan.
* Is the money being moved between provider accounts within the Orange County Public Schools plan? NOO Yes
* Is the money being moved into or out of the Orange County Public Schools plan? O Into O Into
* Is the money being rolled over to an IRA? NO O Yes
Please help us determine the Plan Sponsor (employer) the money is being moved to.
* Select the U.S. State or Territory for the plan sponsor Georgia 🗸
* Select the plan sponsor (employer) Plan Sponsor (Employer) Not Listed
* Enter the plan sponsor (employer) name Test Employer
Rollovers have stipulations known as qualifying events.
*What is the qualifying event? 🛛 I no longer work at Orange County Public Schools, Orlando 🛛 🗸
* Select the plan type 403(b)
* Select the investment provider AIG Retirement Services (VALIC)
If known, enter the investment provider account/contract number
To Investment Provider
* Enter the plan type 401(k)
* Select the investment provider. Provider Not Listed
* Enter the investment provider name Test Provider
If known, enter the investment provider account/contract number
* Will the rollover be for an exact dollar amount or percentage? O Dollar O Percentage 💿 Other
*What is the reason for not specifying a dollar or percentage amount? Penalty Free Funds
* Enter the rollover amount N/A

3) Transfer – A transfer is movement of money from a prior employer's plan to a new employer plan with a qualifying event.

Part 4: Transaction Information
▼What would you like to do? Move Money 🗸
*What is the manner in which the money will be moved? Transfer
Transfer Description Atransfer moves money from a prior employer's plan to a new employer plan.
* Is the money being moved between provider accounts within the Orange County Public Schools plan? 🔹 No 👘 🔿 Yes
* Is the money being moved into or out of the Orange County Public Schools plan? O Into 💿 Out of
Please help us determine the Plan Sponsor (employer) the money is being moved to.
* Select the U.S. State or Territory for the plan sponsor Georgia
* Select the plan sponsor (employer) Plan Sponsor (Employer) Not Listed
* Enter the plan sponsor (employer) name Test Employer
Transfers have stipulations known as qualifying events.
*What is the qualifying event? I no longer work at Orange County Public Schools, Orlando
From Investment Provider
* Select the plan type 403(b)
* Select the investment provider Not Listed
* Search this larger list of investment providers Prodential Investments
If known, enter the investment provider account/contract number
To Investment Provider
*Select the plan type 403(b) V
* Select the Investment provider Not Listed
* Enter the investment provider name Test Provider
If known, enter the investment provider account/contract number
*Will the transfer be for an exact dollar amount or percentage? O Dollar 💿 ercentage
* Enter the transfer amount 100.00 % 🎱

D) Buy Service Credit – A service credit purchase is a transfer of funds from a qualified account to purchase service credit in a tax-qualified defined benefit governmental plan (i.e., pension plan).

* What would you like to do? Buy Service Credit
* Select the plan type 403(b)
* Select the investment provider VOYA Financial 🗸
If known, enter the investment provider account/contract number
* Enter the receiving State Retirement System name Florida Retirement System
*Enter the purchase service credit amount 🖇 25,123.82 🤡

IMPORTANT! The next section, "Part 5: Transaction Documents" depends on the type of transaction you are requesting. You will either continue to receive an immediate approval certificate or be required to provide additional information for our team to review.

Part 5: Transaction Documents

(Please be advised this section only appears when the transaction you selected requires supporting documentation. If this does not appear, skip to Part 5: Disclosures)

Some distributions require supporting documentation based on the reason selected for the request. For example, a 403(b) Hardship withdrawal and/or 457(b) Unforeseen Emergency withdrawal require evidence of the expenses equal to or more than the amount requested. Additionally, there is a required disclosure form that must be signed by the participant. You may upload any supporting documentation at this time by clicking "Choose File". If you do not have the supporting documentation to upload at this time you will receive instructions, and a fax cover sheet with our fax number once you have completed submission of your request.



After saving your signature, close the PDF, and click, "Submit". Please answer the question at the bottom of Part 5, see below as a reference.

Have you provided all of your supporting documentation? Yes

No

IMPORTANT: You must upload at least one file since you indicated that you have provided all supporting documentation.



Part 6: Disclosures

Please read the statement and check the box to certify the statement as shown below.

Part 6: Disclosures

By checking this box you are:
Certifying that all the information provided in conjunction with this distribution request is true and accurate to the best of my knowledge and I understand that misrepresentations or incorrect information may delay or cause the request to be declined.
There may be tax implications associated with the requested distribution, please see your financial advisor, tax advisor, or investment provider for further details. TSA Consulting Group, inc. (TSACG) understands tha your personal information and privacy are important, and we make every effort to ensure that the information you submit for a distribution is recorded accurately, retained securely, and used only for the purpose intended. Please note that relevant information about your distribution may be shared with, and between, employers, 403(gity45(b)401(a) investment provider(s), and TSACG.

Part 7: Completed Paperwork

Please enter the name of the provider or agency and fax number where you wish for our office to fax the approval certificate after we've reviewed your pended request. You will then check the robot captcha and click, "Submit."

Part 7: Complete	d Paperwork	
	Important: Your transaction may be eligiol	for Approval. As a time saying measure, please enter the fax information for the Approval Certificate.
	* Investment Provider Name/Agency N	Me Tes:
	* Fax Nur	UW 260 000 000
		SHEMIT RESTART CANCEL
V film not a robot	NAPTO A NAPTO TOM	

A PDF will generate as shown below with instructions. Please read the instructions and follow them closely.



After you close the PDF, you will see the following message. You will be given the option to click the link as shown below to open the PDF once again. Additionally, you will be emailed the documents at the email address on file for you to print later.

US OMNI&TS Compliance Se	ACG envices ONLINE DISTRIBUTION SYSTEM
	te to USOTCS's Online Distribution System. The system is designed to give plan participants, financial advisors, and investment providers the ability to initiate the ation process for all types of plan distributions. For a number of distribution types, the outcome of this process can result in the immediate receipt of a Certificate of Approval.
	START TRANSACTION
	Important Reminder: If you did not have the supporting documentation immediately available to upload in the previous step, please fax it using the <i>Online Distribution System Fax Cover</i> that has been generated for you.
	Please click here to print or save a copy of this confirmation for your records.
	Start New Transaction

Part 5: Disclosures

Depending on the type of transaction submitted will determine if our team needs to review your request. For example, if we do not have a severance of service date on file it will be verified with your employer. Once the date has been verified our team will provide an approval certificate and forward it to as instructed in Part 6.

Please read the statement and check the box to cerfity the statement as shown below. You will then check the robot captcha and click, "Submit."

Part 5: Disclosures	ŧ					
By checking this box	(you are:					
Certifying that all the info may delay or cause the r	ormation provided in conjunction with this distribut request to be declined.	ition request is true and accurate to	o the best of my knowledge and	I understand that misreprese	ntations or incorrect in	formation
Services (USOTCS) und	ations associated with the requested distribution, derstands that your personal information and priva sed only for the purpose intended. Please note th 2S.	acy are important, and we make e	very effort to ensure that the inf	ormation you submit for a dis	tribution is recorded ac	curately,
		SUBMIT RESTAR	TCANCEL			
V I'm not a robot	reCAPTCHA Pirezy Texa					

A PDF document including the approval certificate will immediately generate after submitting the request. You may either print it immediately upon the PDF opening, or once you receive the emailed approval at the email address on file. Please follow the instructions closely and forward the approval and any provider forms to your investment provider.



PLEASE PRINT

As your employer's Plan Administator, U.S. OMNI & TSACG Compliance Services is confirming your disbursement request.

Please print the attached "Certificate of Plan Transaction Approval". Attach the "Certificate of Plan Transaction Approval" to your completed provider paperwork and submit to your provider for processing.

After you close the PDF, you will see the following message. You will be given the option to click the link as shown below to open the PDF once again. Additionally, you will be emailed the approval at the email address on file.



If your request requires review by our team the robot captcha will not generate until you've completed Part 6, as shown below.

Please read the statement and check the box to cerfity the statement as shown below.

Part 5: Disclosures

By checking this box you are:

Part 6: Completed Paperwork

Please enter the name of the provider or agency and fax number where you wish for our office to fax the approval certificate after we've reviewed your pended request. You will then check the robot captcha and click, "Submit."

Certifying that all the information provided in conjunction with this distribution request is true and accurate to the best of my knowledge and I understand that misrepresentations or incorrect information may delay or cause the request to be declined.

There may be tax implications associated with the requested distribution; please see your financial advisor, tax advisor, or investment provider for further details. U.S. OMNI & TSACG Compliance Services (USOTCS) understands that your personal information and privacy are important, and we make every effort to ensure that the information you submit for a distribution is recorded accurately, retained securely, and used only for the purpose intended. Please note that relevant information about your distribution may be shared with, and between, employers, 403(b)/467(b)/401(a) investment provider(s), and USOTCS.

Part 6: Completed	Paperwork						
	Important: Your transaction may be eligible f	or Approval. As a time	e saving measure	, please enter th	e fax information f	or the Approval Certifica	te.
	* Investment Provider Name/Agency Nam	re Test					
	* Fax Numb	er 850-000-0000)			
		SUBMIT	RESTART	CANCEL			
		100 -11 100					
 I'm not a robot 	reCAPTCHA Pilosy-Terrs						

A PDF will generate as shown below with instructions. Please read the instructions and follow them closely.

US OMNI&TSACG Compliance Services
FOR YOUR RECORDS
As your employer's Plan Administrator, U.S. OMNI & TSACG Compliance Services, is confirming the submission of your online transaction. The information pertaining to your request has been forwarded to our team for processing and you will be notified as soon as possible of the outcome of this review. Please retain a copy of the attached Transaction Information Form as it outlines your request and includes a transaction reference number. If approved, an Approval Certificate will be generated and forwarded to the fax number you provided in Part 7. As a reminder, you will need to forward any transaction document to the investment provider directly.
ODS Transaction ID: 1978887906

After you close the PDF, you will see the following message. You will be given the option to click the link as shown below to open the PDF once again. Additionally, you will be emailed the documents at the email address on file.

US OMNI&TSACG Compliance Services	ONLINE DISTRIBUTION SYSTEM
	Distribution System. The system is designed to give plan participants, financial advisors, and investment providers the ability to initiate the s of plan distributions. For a number of distribution types, the outcome of this process can result in the immediate receipt of a Certificate of Approval.
	START TRANSACTION

Please click here to print or save a copy of this confirmation for your records.

Start New Transaction