



Online Distribution System

Employee Online Distribution Tutorial

**U.S. OMNI & TSACG Compliance Services
Compliance & Administration Service Provider**

Client Services:

**73 Eglin Parkway NE, Suite 202
Fort Walton Beach, FL 32548
888.796.3786 - Option 1**

Dear Employee,

The most efficient and timely way to submit transactions for review is the use of U.S. OMNI & TSACG Compliance Services (OMNI/TSACG) 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 <https://transaction.tsacg.com>.



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

* Is a representative or advisor assisting the participant with this transaction request? No Yes

We have found a list of advisors that may be associated. Please select the appropriate advisor information if correct, otherwise enter the information below.

Select Advisor

* Advisor Name

* Advisor Phone Number Ext

* Advisor Email Address

Part 2: Select Participant's Employer/Plan Sponsor

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

Part 2: Select Participant's Employer/Plan Sponsor

* Employer State * Employer

If you cannot find the employer's state or employer's name above, please contact the Recordkeeping department at 888-796-3786 option 4 to determine if we are the 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

Part 2: Employer Information

* Employer State * Employer

If you cannot find the employer's state or employer's name above, please contact the SRA Processing department at 888-796-3786 option 5 to determine if we are the TPA for the employer.

Part 3: Participant's Information


Social Security Number **AND** Date of Birth

Personal Information		Contact Information	
* First Name	<input type="text" value="Walt"/>	* Address	<input type="text" value="1 Mainstreet USA"/>
Middle Name	<input type="text"/>	* City	<input type="text" value="Anaheim"/>
* Last Name	<input type="text" value="Disney"/>	* State	<input type="text" value="CA"/>
Hire Date	<input type="text"/>	* Zip Code	<input type="text" value="92802"/>
Employer Termination Date	<input type="text"/>	* Phone Number	<input type="text" value="1111111111"/> Ext. <input type="text"/>
		Email	<input type="text"/>
		* Alternate Email	<input type="text" value="programservices@tsacg.com"/>

* Has the participant terminated 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 employer? No Yes

** What was the participant's termination date? 

** This date will be verified with the former Employer if applicable to your transaction request.

Part 4: Transaction Information

Select the type of transaction you wish to request.

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

A) Initiate a loan. 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?

* Is the loan for the purchase of a primary residence and will the loan term exceed 5 years? No Yes

* Select the plan type

* Select the investment provider

If known, enter the investment provider account/contract number

* Enter the loan amount \$?

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?

Withdrawals have stipulations known as qualifying events.

* What is the qualifying event?

* Select the plan type

* Select the investment provider

If known, enter the investment provider account/contract number

* Will the withdrawal be for an exact dollar amount or percentage? Dollar Percentage Other

* What is the reason for not specifying a dollar or percentage amount?

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?

* What is the manner in which the money will be moved?

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

* Select the investment provider

If known, enter the investment provider account/contract number

To Investment Provider

* Select the investment provider

If known, enter the investment provider account/contract number

* Will the contract exchange be for an exact dollar amount or percentage? Dollar Percentage

* Enter the contract exchange amount \$

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?

* What is the manner in which the money will be moved?

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? No Yes

* Is the money being moved **into** or **out of** the Orange County Public Schools plan? Into Out of

* Is the money being rolled **to** an IRA? No 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

* Select the plan sponsor (employer)

* Enter the plan sponsor (employer) name

Rollovers have stipulations known as qualifying events.

* What is the qualifying event?

From Investment Provider

* Select the plan type

* Select the investment provider

If known, enter the investment provider account/contract number

To Investment Provider

* Enter the plan type

* Select the investment provider.

* Enter the investment provider name

If known, enter the investment provider account/contract number

* Will the rollover be for an exact dollar amount or percentage? Dollar Percentage Other

* What is the reason for not specifying a dollar or percentage amount?

* Enter the rollover amount

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?

* What is the manner in which the money will be moved?

Transfer Description
A transfer 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? 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

* Select the plan sponsor (employer)

* Enter the plan sponsor (employer) name

Transfers have stipulations known as qualifying events.

* What is the qualifying event?

From Investment Provider

* Select the plan type

* Select the investment provider

* Search this larger list of investment providers

If known, enter the investment provider account/contract number

To Investment Provider

* Select the plan type

* Select the investment provider

* Enter the investment provider name

If known, enter the investment provider account/contract number

* Will the transfer be for an exact dollar amount or percentage? Dollar Percentage

* Enter the transfer amount %

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).

Part 4: Transaction Information

* What would you like to do?

* Select the plan type

* Select the investment provider

If known, enter the investment provider account/contract number

* Enter the receiving State Retirement System name

* Enter the purchase service credit amount \$

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.

Part 5: Transaction Documents

Your transaction cannot be automatically approved because it requires supporting documentation.

Support Documentation Upload

Please supply the information requested below:

- Funeral and Burial Expenses Documentation
- 403(b) Hardship Withdrawal Disclosure

Document No file chosen

Document Type

Hardship Disclosure

Hardship Disclosure

Required

The disclosure must be signed before the transaction can be processed

Have you provided all of your supporting documentation?

Yes No

403(b) Hardship Withdrawal Disclosure

Employer Name (Print/Abbreviate)		Employee Name	
Employer Company/State	Equitable	Employee Address	
I hereby certify that I have incurred a financial hardship as defined by the Internal Revenue Service regulation §1.403(b)-10(c)(2)(D).			
<input type="checkbox"/> Unreimbursed medical expenses (including the past 6 months) these costs exceed \$ _____. <input type="checkbox"/> Costs related to purchase of a principal residence (excluding mortgage payments). These costs exceed \$ _____. <input type="checkbox"/> Tuition and related educational fees as well as room and board expenses for the next 12 months of post-secondary education for myself, my spouse, dependent, or beneficiaries, which are estimated to exceed \$ _____. <input type="checkbox"/> Payments necessary to prevent eviction, loss, or to avoid foreclosure on my principal residence, the cost of which shall exceed \$ _____. <input type="checkbox"/> Burial or funeral expenses. These costs exceed \$1,000.00. <input type="checkbox"/> Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under section 165. These costs exceed \$ _____. <input type="checkbox"/> Irreparable and heavy financial need including expenses and losses incurred by a Federally declared disaster.			
Important: Evidence of the expenses indicated above must be attached to this form. Evidence includes bills and/or receipts directly related to the expense or letters and/or official notices of eviction or foreclosure.			
(2) Not applicable to hardship distributions—(i). Distributions must be made on account of hardship. A distribution is treated as made on account of an employee's hardship for purposes of paragraph (b)(1)(D) of the section if it is made on account of the hardship. For purposes of this rule, a distribution is made on account of hardship only if the distribution is made on account of an immediate and heavy financial need of the employee and is necessary to satisfy the financial need. The determination of the existence of an immediate and heavy financial need and of the amount necessary to meet the need must be made in accordance with nondiscriminatory and objective standards set forth in the plan.			
(ii) Distribution necessary to satisfy financial need—(A) Distribution may not exceed amount of need. A distribution is treated as necessary to satisfy an immediate and heavy financial need of an employee only to the extent the amount of the distribution is not in excess of the amount required to satisfy the financial need. For this purpose, the amount required to satisfy the financial need may include any amounts necessary to pay any federal, state, or local income taxes or penalties reasonably expected to result from the distribution.			
(B) No alternative means available. A distribution is not treated as necessary to satisfy an immediate and heavy financial need of an employee to the extent the need may be relieved from other resources that are reasonably available to the employee. This determination generally is to be made on the basis of all the relevant facts and circumstances. For purposes of this paragraph (b)(2)(B)(ii), the employee's resources are deemed to include those assets of the employee's spouse and minor children that are reasonably available to the employee. Thus, for example, a vacation home owned by the employee and the employee's spouse, whether in community property, joint tenancy, tenancy by the entirety, or tenancy in common, generally will be deemed a resource of the employee. However, property held for the employee's children and not allocable to or under the control of the minor child or comparable situation is not treated as a resource of the employee.			

Use your mouse or touch screen to sign below:

Employee Signature



Save Signature | Reset

Reminder: Do not forget to “Save Signature.” Once saved the signature box will have a grey background, and then you may click, “Submit”.

Use your mouse or touch screen to sign below.

Employee Signature (Guest)

Test

Save Signature | Reset

SUBMIT
CANCEL

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.

SUBMIT
RESTART
CANCEL

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 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)/457(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 pending request. You will then check the robot captcha and click, “Submit.”

Part 7: Completed Paperwork

Important: Your transaction may be eligible for Approval. As a time saving measure, please enter the fax information for the Approval Certificate.

* Investment Provider Name/Agency Name

* Fax Number

SUBMIT
RESTART
CANCEL

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

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 for you to print later.

U S OMNI & TSACG
Compliance Services

ONLINE DISTRIBUTION SYSTEM

Welcome to USOTCS'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.

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 **Online Distribution System Fax Cover** 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.

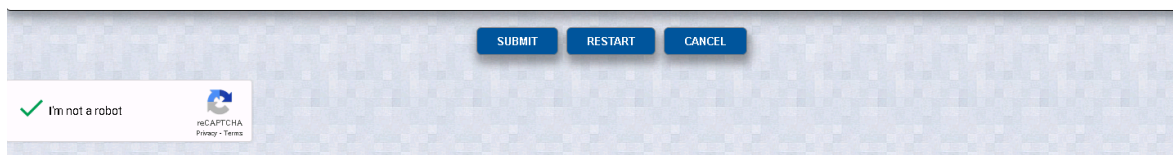
Please read the statement and check the box to certify the statement as shown below. You will then check the robot captcha and click, "Submit."

Part 5: 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. 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)/457(b)/401(a) investment provider(s), and USOTCS.



The form submission area contains three buttons: "SUBMIT", "RESTART", and "CANCEL". Below the buttons is a reCAPTCHA widget with a green checkmark and the text "I'm not a robot". The reCAPTCHA logo and "Privacy - Terms" link are also visible.

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 Administrator, 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.

Your transaction has been approved.

Please Note: Your transaction process with U.S. OMNI & TSACG Compliance Services is now complete. No further information or documentation needs to be sent to our office.

Please download and print your Approval Certificate. Attach the Approval Certificate to the other paperwork required by your investment provider for this transaction and submit to the investment provider for processing.

For your records, a copy of the Approval Certificate will be emailed to the email address for the participant and to the advisor associated with the transaction, if applicable.

Click [here](#) to download your Approval Certificate.

Start New Transaction

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 certify the statement as shown below.

Part 5: Disclosures

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Part 6: Completed Paperwork

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Part 6: Completed Paperwork

Important: Your transaction may be eligible for Approval. As a time saving measure, please enter the fax information for the Approval Certificate.

* Investment Provider Name/Agency Name

* Fax Number

SUBMIT RESTART CANCEL

I'm not a robot 

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FOR YOUR RECORDS

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START TRANSACTION

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Start New Transaction