

Instructions: This form is intended as a supplement to your Investment Provider's paperwork if an **original signature** is required.

<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 ORP<sup>1</sup>

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

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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)

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

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I am requesting a loan:  **General Loan**  **Residential Loan**

**Where and how should USOTCS send the completed paperwork?**

USOTCS 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 USOTCS. 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 USOTCS 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. USOTCS 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 USOTCS.

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 USOTCS. E-mail confirmation of receipt will be sent as soon as verification is possible.

**U.S. OMNI & TSACG Compliance Services • Participant Services**  
 P.O. Box 4037 • Fort Walton Beach, FL 32549-4037  
 Phone: 1-888-796-3786 Opt. 4 • Email: recordkeeping@tsacg.com

### **Transaction Submission Instructions**

All transactions require the completed paperwork from the Investment Provider company. The Transaction Information (TI) form provides important information regarding your request and is vital to ensuring proper processing.

**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.**

<b>Transaction Requested</b>	<b>Forms needed for Processing</b>
Cash Distribution/Withdrawal—Requires a distributable event (i.e., age eligibility, separation from service, or death)	<ol style="list-style-type: none"><li>1. Completed Investment Provider company paperwork.</li><li>2. Completed TI form, which includes completion of page 1 of this document.</li></ol>
403(b) Hardship Withdrawals	<ol style="list-style-type: none"><li>1. Completed Investment Provider company paperwork.</li><li>2. Completed 403(b) Hardship Withdrawal Disclosure form located online at <a href="https://www.tsacg.com/individual/plan-transactions/">https://www.tsacg.com/individual/plan-transactions/</a></li><li>3. Evidence of expenses equal to or more than the amount requested.</li><li>4. Completed TI form, which includes completion of page 1 of this document.</li></ol> <p>Guidelines for a Hardship Withdrawal can be found online at <a href="https://www.tsacg.com/individual/plan-transactions/">https://www.tsacg.com/individual/plan-transactions/</a></p>
457(b) Unforeseen Emergency Withdrawals	<ol style="list-style-type: none"><li>1. Completed Investment Provider company paperwork.</li><li>2. Completed 457(b) Unforeseen Emergency Withdrawal disclosure form located online at <a href="https://www.tsacg.com/individual/plan-transactions/">https://www.tsacg.com/individual/plan-transactions/</a></li><li>3. Evidence of expenses equal to or more than the amount requested.</li><li>4. Completed TI form, which includes completion of page 1 of this document.</li></ol>
Rollovers (into and out of the Plan)	<ol style="list-style-type: none"><li>1. Completed Investment Provider company paperwork.</li><li>2. Completed TI form, which includes completion of page 1 of this document.</li></ol>
403(b) Contract Exchanges/457(b) Transfer	<ol style="list-style-type: none"><li>1. Completed Investment Provider company paperwork.</li><li>2. Completed TI form, which includes completion of page 1 of this document.</li></ol>
Employer-to-Employer Transfers	<ol style="list-style-type: none"><li>1. Completed Investment Provider company paperwork.</li><li>2. Completed TI form, which includes completion of page 1 of this document.</li></ol>
Purchase of Service Credit Transfer	<ol style="list-style-type: none"><li>1. Completed Investment Provider company paperwork.</li><li>2. Completed State Retirement System paperwork.</li><li>3. Completed TI form, which includes completion of page 1 of this document.</li></ol>
Loans	<ol style="list-style-type: none"><li>1. Completed Investment Provider company paperwork.</li><li>2. Completed TI form, which includes completion of page 1 of this document.</li></ol> <p><i>Note: If requesting a residential loan, proof of home purchase must also be submitted.</i></p>

### **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 TI form. All completed forms should be submitted to U.S. OMNI & TSACG Compliance Services (USOTCS) for processing.

### **1 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 fax to USOTCS all investment provider paperwork and the USOTCS TI form. All paperwork, upon approval, will be mailed or faxed as directed on the TI.

### **Submitting Transaction Requests**

All transaction requests should be faxed to USOTCS for processing:

Fax: 1-866-741-0645 or 1-866-814-0622

Email: [recordkeeping@tsacg.com](mailto:recordkeeping@tsacg.com)

Mail: U.S. OMNI & TSACG Compliance Services Attn: Participant Services, P.O. Box 4037, Fort Walton Beach, FL 32549-4037

Overnight Delivery: U.S. OMNI & TSACG Compliance Services, Attn: Participant Transactions, 73 Eglin Parkway NE, Suite 202, Fort Walton Beach, FL 32548

**USOTCS is not responsible for transaction requests submitted to a misdialed fax number resulting in personal and private information being sent to a wrong location. Please check the fax number carefully before sending transactions to USOTCS.**

USOTCS 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, option 4 or [recordkeeping@tsacg.com](mailto:recordkeeping@tsacg.com).