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.

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		

☐ **Check here if the above is a new mailing address**

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

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

_____
(Company Name)

to_____.
(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—Send to the following fax number or mailing address:** _____

_____

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

_____

Submit Completed Form and All Accompanying Paperwork To:

TSA Consulting Group, Inc.
15 Yacht Club Dr. NE
Fort Walton Beach, FL 32548
Fax: 1-866-741-0645
recordkeeping@tsacg.com

DO NOT WRITE IN THIS SECTION

Transaction Request Approved:

_____ _____
Date Signed

Notes:

Date Stamp