



403(b) PLAN DISTRIBUTION, LOAN EXCHANGE, TRANSFER & ROLLOVER FORM

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Phone: (800) 943-9179

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Check here if this is a hardship or loan request due to a need created by Hurricane Harvey and/or Hurricane Irma (see Appendix A of this form)

Submit completed forms via mail or fax

Be sure to check your Plan's Summary at www.tcgservices.com to see if your Plan allows the item you are requesting.

A. EMPLOYER INFORMATION* Your request will NOT be processed unless ALL of these sections are filled out

School District to which this request applies (Participant's Employer):

PARTICIPANT INFORMATION* (OR BENEFICIARY, IF DEATH CLAIM) Your request will NOT be processed unless ALL of these sections are filled out

Full Name	Social Security #
Address1	Date of Birth
Apt/Bldg #	Contact Phone
City, State, Zip	Contact Email

B. REASON FOR REQUEST* Fill in only ONE reason. (If none apply, you cannot obtain funds from the account)

1. **Over Age 59½** - Select Type of Distribution: Cash Distribution
 Rollover To (List type of plan where the fund will be going): _____

2. **No Longer Employed by Employer Listed Above:** Cash Distribution
 Rollover To (List type of plan where the fund will be going): _____

3. **Financial Hardship Distribution:** (Complete sub item a,b,c,d below) YOU MUST SUBMIT PROOF OF HARDSHIP. PLEASE READ THE BACK OF THE FORM.

a. Hardship Reason: Medical Expense Purchase Principal Residence Funeral Expense Hurricane Harvey/Hurricane Irma/
 Tuition & Related Expenses Prevent Eviction/Foreclosure Repair of Principal Residence Hurricane Maria or the CA Wildfires

b. Yes No I hereby certify that I have exhausted all other distribution options under my Employer's plans, including loans, unless requesting such

c. Hardship Amount Requested \$ _____ loan(s) would add to my financial hardship. This question must be answered to obtain a hardship.

d. If the request is for MEDICAL EXPENSES please answer: I DO DO NOT have health insurance coverage for this expense.

4. **Death of Participant** Deceased Participant's Name _____ SSN _____ Date of Death _____

5. **Minimum Distribution** (Participant is age 70 1/2 or older and participant is terminated)

6. **Transfer to Purchase Service** - Amount Requested: \$ _____ (You must submit a form showing the public pension plan that funds are being transferred to)

7. **Permanent & Total Disability of Participant** (YOU MUST SUBMIT SUPPORTING DOCUMENTATION)

8. **Alternate Payee / Distribution Due to Divorce or Child Support** (Must be accompanied by Qualified Domestic Relations Order issued by a Court or Alternate Payee's Account Statement indicating a separate account already exist). Participant's Name: _____ Participant's SSN: _____

9. **Loan** YOU MUST SUBMIT A COPY OF YOUR MOST RECENT BALANCE STATEMENT(S) For loans, if allowed by your plan and vendor, you may borrow up to the lesser of \$50,000 reduced by the greater of (1) the outstanding balance on any loans from any Plans of your Employer (403(b), 457, 401(a)) to you on the date the loan is made or (2) the highest outstanding balance on loan from the Plans of your Employer to you during the one-year period ending on the day before the date the loan is approved by the Administrator (not taking in account any payments made during such one-year period), or 50% of the vested value of all of your 403(b), 457(b), and 401(a) plans of your Employer.

10. **Exchange/Transfer Inside Plan** (Funds must be going to a Vendor on the Approved Vendor List)
Exchange/Transfer (Vendors) FROM: _____ TO: _____

C. INVESTMENT PROVIDER (VENDOR) INFORMATION* (Where the signed forms will be sent)

*If this section is left blank, these forms will be returned to you.

Name of Investment Provider (Vendor):*	Account/Contract/Policy #:
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Fax # or Address of Investment Provider:*

YES NO Do you require an extra copy of the completed paperwork? (If yes, please provide a fax # or address below where the copy should be sent)

Fax # or Address to receive extra copy (if applicable):

D. ACCEPTANCE AND AUTHORIZATION* (Please sign below)

By my signature below, I hereby authorize the transaction requested on this form. I further certify that if I am exchanging, transferring, or rolling over funds into a 403(b) product sold in Texas, the product receiving the funds is on the current list of Certified Products published by the Teacher Retirement System of Texas.

If I am applying for a loan, the following signature certifies that I have provided copies of my most recent statements for all of my 403(b), 457(b), & 401(a) accounts of plans of my Employer and I understand that if any are omitted this may have a negative effect on the plan and result in additional taxable income to me.

X _____
SIGNATURE OF PARTICIPANT (OR BENEFICIARY, IF A DEATH CLAIM) DATE

E. TPA ACCEPTANCE AND AUTHORIZATION For Internal Use Only

TCG hereby approves the transaction requested. If the request is for a loan or hardship distribution, the maximum amount approved is listed below.

Maximum Loan Amount: \$ _____	Maximum Hardship Amount: \$ _____
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Authorized TCG Signature:	Date:
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DISTRIBUTION, LOAN & TRANSFER/ROLLOVER/EXCHANGE REQUEST RULES

In order to process a request, we must receive (a) the TCG Administrators 403(b) PLAN DISTRIBUTION, LOAN, EXCHANGE, TRANSFER, & ROLLOVER FORM, (b) copies of your most recent account statements for *all 403(b), 457(b) and 401(a) accounts that you have with Plans of your Employer for Loan Requests, and, if the distribution request is for a Hardship Distribution, (c) the proof of hardship listed below.*

If your transaction meets Plan, IRS and vendor rules, we will approve it and sign the Vendor forms approving the transaction. Please see your Plan's Summary Plan Description on our website to review your Plan's allowable distribution options.

Hardship Distributions

A Participant may receive a distribution of up to 100% of his or her account balance attributable to elective deferral contributions for the following reasons:

(1) Medical expenses **within the last 12 months** described in Internal Revenue Code Section 213(d) incurred by the Participant, his spouse, or any of his dependents* or expenses necessary for these persons to obtain medical care;

Proof required: If the employee has health insurance, the Explanation of Benefits (EOB) from the employee's Health Insurance Company, showing the participant's out-of-pocket medical expense. If the employee does not have health insurance, the billing or invoice for medical expenses for medical care that would be tax deductible on the employee's federal income tax form (whether or not the expenses exceed 7.5% of adjusted gross income).

(2) The purchase (excluding mortgage payments) of a principal residence for the Participant;

Proof required: Submit all pages of the Closing statement for the cost directly related to the purchase of a principal residence for the employee (excluding mortgage payments) and a signed copy of the home purchase contract.

(3) Funeral expenses for a member of the Participant's family;

Proof required: Billing for payments for **burial and/or funeral expenses** for the employee's deceased parent, spouse, children or dependents;

(4) Payment of tuition and related educational fees for the next twelve (12) months of post-secondary education for the Participant, his spouse, children, or dependents*;

Proof required: Billing for payment of **tuition, related educational fees, and room and board expenses**, for up to the next 12 months of post-secondary education for the employee, or the employee's spouse, children, or dependents. This does not include previous semester expenses or school loan payment reimbursement.

(5) The need to prevent the eviction of the Participant from his or her principal residence or foreclosure on the mortgage of the Participant's principal residence;

Proof required: A letter or other notice from the employee's mortgage company or landlord showing the amount and date of payment(s) necessary to **prevent the eviction of the employee from the employee's principal residence or foreclosure on the mortgage on that residence**. *The letter or notice must list the expected date of eviction or foreclosure.*

(6) ¹ Expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction [‡] on the employee's federal income tax form (whether or not the loss exceeds 10% of adjusted gross income); **Proof required:** Copy of insurance claim (if applicable); billing for expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction on the employee's federal income tax form (whether or not the loss exceeds 10% of adjusted gross income).

(7) Expenses related to Hurricane Harvey/Hurricane Irma; **Self-Certification required:** Please complete Appendix A (last page of the document).

In addition, the following requirements must be met with regard to the Hardship request:

The Participant must have obtained all other currently available distributions (but not hardship distributions) and nontaxable (at the time of the loan) loans, under the 403(b) Plan and all other 403(b), 457(b) and 401(a) plans maintained by the Employer, unless obtaining such loan(s) would increase the hardship of the Participant.

The Participant's salary deferral contributions to the Plan must be suspended for the 6 months following the payment of the hardship distribution. Deductions will not automatically re-started at the end of the 6 months. Thus, Participants are responsible to log into their account and enter their desired contribution amount and investment provider after the end of the 6 month suspension.

EXCEPTION: If you receive a hardship distribution as a result of Hurricane Harvey or Hurricane Irma, you may elect that your salary deferral contributions continue.

* As defined in Internal Revenue Code Section 152

‡ Damages must qualify as deductible under IRC Section 165

