


403(b) Plan Transaction Request Form

900 S Capital of TX Hwy, Ste. 350
Austin, TX 78746
403b@tcgservices.com
P: 800.943.9179 F: 888.989.9247

Please submit completed form via fax, email or mail
Sections A-D must be complete for processing

A. INFORMATION ABOUT THE PARTICIPANT (OR BENEFICIARY IF DEATH CLAIM)			
Full Name		Social Security #	
Street Address		Date of Birth	
Apt/Bldg #		Contact Phone	
City, State, Zip		Contact Email	
EMPLOYER Through which you had this 403(b) account			
	Would you like to receive status updates of your request via text message? <i>Message & Data rates may apply</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Mobile Phone #	

B. REASON FOR REQUEST		FILL IN <u>ONE</u> REASON ONLY	
<input type="checkbox"/> Over Age 59 ½ Distribution <i>Select Distribution Type</i>	<input type="checkbox"/> Cash Distribution		
	<input type="checkbox"/> Rollover To: <i>(List type of plan where the funds will be going)</i>		
<input type="checkbox"/> No Longer Employed by Employer Listed Above <i>Select Distribution Type</i>	<input type="checkbox"/> Cash Distribution		
	<input type="checkbox"/> Rollover To: <i>(List type of plan where the funds will be going)</i>		
<input type="checkbox"/> Exchange/Transfer Inside Plan <i>To an Approved Vendor Only</i>	Exchange/Transfer From:		
	Exchange/Transfer To:		
<input type="checkbox"/> Death of Participant	Deceased Participant's Name:		
	SSN:		Date of Death:
<input type="checkbox"/> Minimum Distribution	<i>Participant is age 70 ½ or older and is separated from employer</i>		
<input type="checkbox"/> Transfer to Purchase Service	Amount Requested: <i>(You must submit a form showing the public pension plan that funds are being transferred to)</i>		\$
	<input type="checkbox"/> Permanent & Total Disability of Participant <i>You must submit supporting documentation</i>		
<input type="checkbox"/> Alternate Payee/ Distribution Due to Divorce or Child Support	<i>Must be accompanied by Qualified Domestic Relations Order issued by a Court or Alternate Payee's Account Statement indicating a separate account exist.</i>		
	Participant Name:		SSN:

Loan and Hardship Withdrawal requests are on the following page

LOAN REQUEST	
<input type="checkbox"/> Loan <i>Please Note: If you have defaulted on a Loan for a Plan under your current Employer, you will not be eligible for an additional Loan.</i>	<p>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 loans is made of (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, and 401(a) plans of your Employer.</p>

HARDSHIP WITHDRAWAL REQUEST							
<input type="checkbox"/> Financial Hardship Distribution <i>(You must complete sub items a-c for the request to be processed)</i>	<p>YOU MUST SUBMIT PROOF OF HARDSHIP, PLEASE READ THE FOLLOWING PAGE FOR FURTHER DETAILS ABOUT HARDSHIP WITHDRAWALS</p>						
a. Hardship Reason:	<table border="1" style="width: 100%;"> <tr> <td><input type="checkbox"/> Medical Expense</td> <td><input type="checkbox"/> Tuition and Related Expenses</td> </tr> <tr> <td><input type="checkbox"/> Purchase Principal Residence</td> <td><input type="checkbox"/> Prevent Eviction/Foreclosure</td> </tr> <tr> <td><input type="checkbox"/> Funeral Expenses</td> <td><input type="checkbox"/> Repair of Principal Residence</td> </tr> </table>	<input type="checkbox"/> Medical Expense	<input type="checkbox"/> Tuition and Related Expenses	<input type="checkbox"/> Purchase Principal Residence	<input type="checkbox"/> Prevent Eviction/Foreclosure	<input type="checkbox"/> Funeral Expenses	<input type="checkbox"/> Repair of Principal Residence
<input type="checkbox"/> Medical Expense	<input type="checkbox"/> Tuition and Related Expenses						
<input type="checkbox"/> Purchase Principal Residence	<input type="checkbox"/> Prevent Eviction/Foreclosure						
<input type="checkbox"/> Funeral Expenses	<input type="checkbox"/> Repair of Principal Residence						
b. Hardship Amount Requested:	\$ _____						
c. If the request is for MEDICAL EXPENSES, please answer the following:	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT have health insurance coverage for this expense <i>(Medical/Dental/Vision/etc)</i>						

C. INVESTMENT PROVIDER INFORMATION/VENDOR <i>(Where you would like us to send the Approved Forms) * If this section left blank, these forms will be returned to you.</i>			
* Name or Investment Provider/Vendor		Contract/Policy #	
*Fax # or Address of Investment Provider			
Would you like a copy of the completed forms?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Fax# or Address to receive the copy	

D. ACCEPTANCE AND AUTHORIZATION (PLEASE SIGN BELOW)	
<p>By my signature below, I hereby authorize the transaction requested on this form. 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.</p>	
Signature of Participant (or Beneficiary if 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	\$ _____
Authorized TCG Signature		Date	