


457(b) Plan Transaction Request Form

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 Austin, TX 78746
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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 account)		Nonresident Alien?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	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 DISTRIBUTION		FILL IN <u>ONE</u> REASON ONLY	
<input type="checkbox"/> No Longer Employed by Employer Listed Above	Date of Separation:		
<input type="checkbox"/> Death of Participant	<i>Please provide Death Certificate</i>		
<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	<i>Please submit a form showing the public pension plan that funds are being transferred to</i>		
<input type="checkbox"/> Permanent & Total Disability of Participant	Date became Disabled:		
<input type="checkbox"/> Unforeseeable Emergency	<i>Complete Verification Form or Appendix A (See following forms)</i>		
<input type="checkbox"/> Other :	<i>Must qualify under plan and tax rules</i>		

C. DISTRIBUTION INSTRUCTIONS		
DISTRIBUTION INFORMATION		
<input type="checkbox"/> Cash Distribution <i>Other than Unforeseeable Emergency</i>	<input type="checkbox"/> Check box for partial withdrawal of: <i>Do not check for full distribution</i>	\$
All or a portion of your distribution is eligible to be rolled over into another retirement account. Please review the attached Special Tax Notice. If you choose the cash distribution option, a mandatory 20% (30% for nonresident aliens) federal income tax withholding will be deducted from your distribution. Federal law requires the automatic Federal income tax withholdings for cash distributions over \$200. The distribution check will be made payable to you and will be mailed to the address provided above.		
Amount Requested: \$		
<input type="checkbox"/> Unforeseeable Emergency Distribution	If you choose this option, 10% federal income tax withholding will be deducted from your distribution unless you elect a different tax percentage below: <input type="checkbox"/> Do not withhold any taxes. I will pay my taxes when I file my US Tax Return <input type="checkbox"/> I elect to withhold federal income taxes at the rate of _____% (15-50%)	
ROLLOVER INFORMATION		
<input type="checkbox"/> Qualified Rollover or Transfer (IRA, 403(b), 457(b), 401(k), 401(a), etc.)	Please submit the receiving institution's rollover paperwork (if required) or submit a letter of acceptance along with this form to TCG. Funds cannot be sent without this.	
<input type="checkbox"/> Rollover to Financial Pathway IRA	If you do not have an IRA but would like to set one up, FinPath IRA is an available resource at www.finpathira.com . You will be contacted if an account has not yet been set up.	

CONTINUE TO PAGE 2 TO COMPLETE THIS FORM FOR PROCESSING



D. ACCEPTANCE AND AUTHORIZATION (PLEASE SIGN BELOW)

By my signature below, I represent that I am the owner of the account listed above and authorize the distribution of assets as indicated. I understand that my account will be charged a distribution fee, and if my account balance is less than the distribution fee, I will not receive any money. NOTE: If additional contributions are received after a final distribution has occurred, TCG Administrators will process the second request exactly as specified on this form and an additional distributions fee will be charged.

Signature of Participant (or Beneficiary if Death claim)		Date	
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FOR INTERNAL USE ONLY

The Retirement Plan Specialist dedicated to this transaction:

RPS Name		RPS Contact	
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