

**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.

**IMPORTANT!**  Please check this box if you are returning additional information for a previously submitted transaction.

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		

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

from \_\_\_\_\_ to \_\_\_\_\_  
 (Company Name) (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— Agent's Name \_\_\_\_\_

Send to the following fax number or mailing address: \_\_\_\_\_

Agent's e-mail address \_\_\_\_\_

Company—Send to the following fax number or mailing address: \_\_\_\_\_

Submit Completed Form and All Accompanying Paperwork To:

**TSA Consulting Group, Inc.**  
 28 Ferry Rd. SE  
 Fort Walton Beach, FL 32548  
 Fax: 1-866-741-0645  
 recordkeeping@tsacg.com

**DO NOT WRITE IN THIS SECTION**

Transaction Request Approved: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
 Date Signed

Date Stamp