

**Transaction Routing Request Form**

**Instructions: To facilitate processing, this form should accompany any transfer, 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*

|  |  |
|--|--|
| <b>Employer—School District or College</b> |  |
| <b>Employee Name</b>                       | <b>Employee Social Security Number</b> |
| <b>Employee Mailing Address</b>            |  |
| <b>City, State, and Zip</b>                |  |
| <b>Employee Phone Number</b>               |  |
| <b>Employee Email Address</b>              |  |

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 \_\_\_\_\_

Transfer  Rollover of my 403(b)/403(b)(7)/457(b) account from \_\_\_\_\_

to \_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

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

**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**

**DO NOT WRITE IN THIS SECTION**

**Transaction Request Approved:**

Notes:

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

Date Stamp