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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? <small>Message &amp; Data rates may apply</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Mobile Phone #	

B. REASON FOR DISTRIBUTION	FILL IN <u>ONE</u> REASON ONLY
<input type="checkbox"/> <b>No Longer Employed by Employer Listed Above</b>	Date of Separation: _____
<input type="checkbox"/> <b>Attained Age 59 ½</b>	
<input type="checkbox"/> <b>Death of Participant</b>	<i>Please provide Death Certificate</i>
<input type="checkbox"/> <b>Minimum Distribution</b>	<i>Participant is age 70 ½ or older and is terminated</i>
<input type="checkbox"/> <b>Transfer to Purchase Service</b>	<i>Please submit a form showing the public pension plan that funds are being transferred to</i>
<input type="checkbox"/> <b>Permanent &amp; Total Disability of Participant</b>	Date became Disabled: _____
<input type="checkbox"/> <b>Hardship Distribution/ Loss Due to Hurricane Harvey/Irma/ Maria</b>	<i>Mark one of the following reasons for the request:</i> <input type="checkbox"/> Payment of Medical Care expenses <input type="checkbox"/> The purchase of my Principal Residence <input type="checkbox"/> Payment of Tuition and Related Fees for myself or dependents <input type="checkbox"/> Prevention of eviction or foreclosure on my principal residence <input type="checkbox"/> Payment for burial or funeral expenses for my parent, spouse, children or dependents <input type="checkbox"/> Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under section 165 <input type="checkbox"/> Expenses related to Hurricane Harvey/Hurricane Irma/Hurricane Maria/California Wildfires
<input type="checkbox"/> <b>Other :</b>	<i>Must qualify under plan and tax rules</i>

C. DISTRIBUTION INSTRUCTIONS		
<input type="checkbox"/> <b>Cash Distribution</b> <i>Other than Unforseeable Emergency</i>	<input type="checkbox"/> <b>Check box for partial withdrawal of:</b> <i>Do not check for full distribution</i>	\$ _____
<p>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.</p>		

DISTRIBUTION INSTRUCTIONS CONTINUED	
<input type="checkbox"/> <b>Qualified Rollover of Transfer</b> (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"/> <b>Hardship Cash Distribution</b>	Amount Requested:    \$ _____  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%)

**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

<b>Signature of Participant</b> (or Beneficiary if Death claim)	<b>Date</b>
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**SPOUSE CERTIFICATION (REQUIRED)**

By my signature below, I represent that I am the spouse of 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.

<b>Signature of Spouse</b>	<b>Date</b>
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**OR**

By my signature below, I represent that I am not married.

<b>Signature of Participant</b>	<b>Date</b>
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**NOTARY PUBLIC**

\_\_\_\_\_ (Spouse) is known to me or has produced proper identification as to being the person whose name is subscribed above and after being first duly sworn, affirms that he/she executed the above Spouse Certification understanding and affirming under oath the contents thereof

<b>Signature of Notary</b>	<b>Notary Seal</b>	<b>Date</b>

**PLAN ADMINISTRATOR AUTHORIZATION (REQUIRED)**

<b>*Authorized Signature &amp; Title</b>	<b>Date</b>
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\*If your TPA provides a certificate of approval, TCG will accept the certificate in lieu of a Plan Administrator signature.

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.