




**FinPath 403b
Transaction Request Form**

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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 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"/> Attained Age 59 ½			
<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"/> Hardship Distribution/ Loss Due to Hurricane Harvey/Irma/ Maria	<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"/> Other :		<i>Must qualify under plan and tax rules</i>	

C. DISTRIBUTION INSTRUCTIONS		
<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.		
DISTRIBUTION INSTRUCTIONS CONTINUED		

<input type="checkbox"/> Qualified Rollover of 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"/> Hardship Cash Distribution	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

Signature of Participant <small>(or Beneficiary if Death claim)</small>	Date	
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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.

Signature of Spouse	Date	
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OR

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

Signature of Participant	Date	
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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

Signature of Notary	Notary Seal	Date

PLAN ADMINISTRATOR AUTHORIZATION (REQUIRED)

*Authorized Signature & Title	Date	
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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.