

403(b) TRANSACTION AUTHORIZATION FORM



To be used for Transfers into FinPath403b Accounts as Exchanges or Rollovers

1. PARTICIPANT INFORMATION

Employee Name	Employer Name	
Employee Mailing Address City, State, Zip Code	Employer State	
Contact Information	Date of Birth	Social Security Number
Financial Advisor Name	Financial Advisor Contact Information	

2. SURRENDERING INVESTMENT PROVIDER INFORMATION

Investment provider from which 403(b) amounts will be exchanged or surrendered (source assets).

Investment Provider Name	Account Number	Phone Number
Mailing Address City, State, Zip Code	Fax Number	

3. RECEIVING INVESTMENT PROVIDER INFORMATION

Investment provider that will receive the exchange of 403(b) amounts (destination of assets).

FinPath403b – TCG Administrators	512-600-5221
Investment Provider Name	Phone Number
900 S Capital of Texas Hwy, Suite 350, Austin, Texas 78746	(888) 989-9274
Mailing Address City, State, Zip Code	Fax Number

4. TRANSACTION TYPE

Choose your transaction type. Please note you must be separated from services and have a termination date to qualify for a Rollover.

Exchange

Rollover

5. PARTICIPANT APPROVAL

Participant Signature (Required)	Date
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6. TPA APPROVAL

TPA Signature (Required)	Date
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