




# FINPATH 403(b) Transaction Request Form

900 S Capital of TX Hwy, Ste. 350  
Austin, TX 78746  
457@tcgservices.com

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 checked="" type="checkbox"/> NO
 Receive status updates and your Record ID via Text Message <i>Message &amp; Data rates may apply</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Mobile Phone #		

B. REASON FOR DISTRIBUTION (MUST SELECT ONE REASON)		
<input type="checkbox"/> No Longer Employed by Employer Listed Above	Date of Separation:	
<input type="checkbox"/> Attainment of Age 59 ½		
<input type="checkbox"/> Exchange	Exchange From: (List Employer, Vendor and Plan Type)	
	Exchange To: (List Employer, Vendor and Plan Type)	
<input type="checkbox"/> Death of Participant	<i>Please provide Death Certificate; subject to further review</i>	
<input type="checkbox"/> Required Minimum Distribution <i>If you turned 70.5 in 2019 and were subject to an RMD, you will need to continue to take a RMD in 2020.</i>	<b>Participant is age 73 or older and is separated from employer.</b> <i>(New Age requirement effective 1/1/2023)</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	<i>Supporting documentation required upon submission</i>	
<input type="checkbox"/> Inservice Withdrawal for Birth or Adoption of a Child	<i>Supporting documentation required upon submission</i>	

C. DISTRIBUTION INSTRUCTIONS		
<input type="checkbox"/> Cash Distribution <i>Other than Hardship or Inservice Withdrawal</i>	<input type="checkbox"/> Check box for partial withdrawal of: <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>		
<input type="checkbox"/> Rollover to Financial Pathway IRA	If you do not have an IRA but would like to set one up, FinPath IRA is an available resource at <a href="http://www.finpathira.com">www.finpathira.com</a> . You will be contacted if an account has not yet been set up.	
<input type="checkbox"/> Qualified Rollover, Transfer or Exchange (IRA, 403(b), 457(b), 401(k), 401(a), etc.)	<b>Please complete the section on page 2 with the receiving institution's information or submit a letter of acceptance along with this form to TCG.</b> Funds cannot be sent without the receiving institution's information.	



**A signature is required below in Section D. Electronic signatures will not be accepted.**

Complete this section to complete a Rollover of funds	Name of Receiving Institution	
	Street Address of Institution	
	City, State, Zip	
	Receiving Account/Contract #	
	Type of Account you are sending funds to: (IRA, 403(b), 457, etc.)	

**INSERVICE WITHDRAWALS**

<input type="checkbox"/> <b>Inservice Withdrawal for Birth or Adoption of a Child</b>	Amount Requested: (\$5,000 maximum)	\$
	If you choose this option, a mandatory 10% federal income tax withholding will be deducted from your distribution unless you elect a different tax percentage below: <input type="checkbox"/> I elect to withhold Federal Income taxes at the rate of _____% (0%-50%).	
<input type="checkbox"/> <b>Hardship 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"/> I elect to withhold Federal Income taxes at the rate of _____% (0%-50%). <input type="checkbox"/> I elect to gross up the withdrawal amount by the percentage above.	
a. Hardship Reason:	<input type="checkbox"/> Medical Expense	<input type="checkbox"/> Tuition and Related Expenses
	<input type="checkbox"/> Purchase Principal Residence	<input type="checkbox"/> Prevent Eviction/Foreclosure
	<input type="checkbox"/> Funeral Expenses	<input type="checkbox"/> Repair of Principal Residence
b. If the request is for MEDICAL EXPENSES, please answer the following	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT have health insurance coverage for this expense (Medical/Dental/Vision/etc)	

**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 REQUIREMENT ON FOLLOWING PAGE**

**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

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.