403(b) TRANSACTION IN 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

Estimated Rollover Amount $	
Type of Account	☐ After Tax Retirement Account (must provide Cost Basis below) ☐ Roth IRA ☐ Traditional IRA ☐ 401(k) Plan ☐ 403(b) Plan ☐ 457(b) Plan ☐ Simple or SEP IRA ☐ Money Purchase Pension Plan ☐ Other
Source of Assets and Estimated Value	☐ Pretax $ ☐ Roth $ ☐ After-tax $ (non-Roth)
For After Tax Retirement Account	Cost Basis $
	Type of Account in the Plan to which you wish to rollover the funds ☐ After Tax Account ☐ Roth Account (no earnings may be rolled into this account)

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 (PLEASE SIGN BELOW – ELECTRONIC SIGNATURES WILL NOT BE ACCEPTED)

Participant Signature (Required)	Date

6. TPA APPROVAL

TPA Signature (Required)	Date