

**Tax Deferred Solutions
Exchange / Transfer / Rollover Transaction Request Form
403(b) & 457(b) Accounts**



Please consult your financial and/or tax advisor before submitting any request that will affect the balance or tax-status of your 403(b) retirement account.

This form is to be used for Exchanges, Transfers, or Rollovers in the event that your Investment Provider does not have paperwork for this type of transaction.

Print clearly in blue or black ink. Submit all pages of this form, in addition to the necessary forms provided by your investment company, to:

*Tax Deferred Solutions
Attn: Document Processing
6939 Sunrise Blvd, Suite 250
Citrus Heights, CA 95610*

*Phone: (866) 446-1072 option 4
Fax: (916) 221-5040
Email: customerservice@tdsgroup.org
Website: www.tdsgroup.org*

Participant Information	<i>Complete this section with the participant's information whose name is listed on the account from which a transaction is being requested.</i>				
	Participant Full Name		Social Security Number		
	Address		City	State	Zip Code
	Daytime Phone (with area code)		Alternate Phone (with area code)		Date of Birth (mm/dd/yyyy)
Account Information	<i>Complete this section only for the account from which you are requesting a transaction. In the event you are requesting a transaction on multiple accounts, please complete multiple forms.</i>				
	Investment Company		Account Number		
	Company Address		City	State	Zip Code
	Company Phone Number (with area code)		Account Type <input type="checkbox"/> Pre-tax 403(b) <input type="checkbox"/> After-tax 403(b) <input type="checkbox"/> 457(b)		
Employer Information	<i>Complete this section with the employer's information which maintains your account. This may be a current employer or former employer. If you are unsure of this information, please contact your investment company to confirm the employer of record associated with your account.</i>				
	Employer Name				
	Employer Address		City	State	Zip Code
	Contact		Phone	Fax	
	Employment Status with Listed Employer <input type="checkbox"/> Actively Employed <input type="checkbox"/> Separated from Service (Date: _____) <input type="checkbox"/> Leave of Absence (Date: _____)				
Transaction Request Information	<i>Complete this section by selecting the type of transaction you are requesting on the account listed under 'Account Information'. Please also complete the additional information requested where applicable, such as amounts or certification.</i>				
	Transaction Requested: <input type="checkbox"/> Exchange (different investment company but same employers plan) Releasing Investment Provider _____ Receiving Investment Provider _____ Account # _____ Account # _____ Account Type _____ Account Type _____ <input type="checkbox"/> Pre-tax 403(b) <input type="checkbox"/> After-tax 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> Pre-tax 403(b) <input type="checkbox"/> After-tax 403(b) <input type="checkbox"/> 457(b)				

Transaction Request Information <i>cont...</i>	<input type="checkbox"/> Plan to Plan Transfer (same account type but different employers plan – requires a triggering event) Releasing Plan Sponsor _____ Receiving Plan Sponsor _____ Investment Provider _____ Investment Provider _____ Account # _____ Account # _____ Account Type _____ Account Type _____ <input type="checkbox"/> Pre-tax 403(b) <input type="checkbox"/> After-tax 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> Pre-tax 403(b) <input type="checkbox"/> After-tax 403(b) <input type="checkbox"/> 457(b)		
	<input type="checkbox"/> Rollover (moving funds from one account type to another – requires a triggering event) Releasing Plan Sponsor (if applicable) _____ Receiving Plan Sponsor (if applicable) _____ Investment Provider _____ Investment Provider _____ Account # _____ Account # _____ Account Type _____ Account Type _____ <input type="checkbox"/> Pre-tax 403(b) <input type="checkbox"/> After-tax 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> Pre-tax 403(b) <input type="checkbox"/> After-tax 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> IRA <input type="checkbox"/> 401(a) <input type="checkbox"/> Other _____ <input type="checkbox"/> IRA <input type="checkbox"/> 401(a) <input type="checkbox"/> Other _____		
Triggering Event(s)	Please mark all that apply: <input type="checkbox"/> Age 59 ½ (403b) or 70 ½ (457) <input type="checkbox"/> Separated from service <input type="checkbox"/> Disability <input type="checkbox"/> Death		
Additional Accounts Information	<i>Complete this section with information on all other 403(b) or 457(b) accounts you maintain with your current or former employer. Please list the account numbers and approximate account value for each. Please also list the Employer associated with the account; this may or may not be your current employer.</i>		
	Investment Company	Account Number	
	Account Type <input type="checkbox"/> Pre-tax 403(b) <input type="checkbox"/> After-tax 403(b) <input type="checkbox"/> 457(b)	Employer listed on Account	Account Value
	Investment Company	Account Number	
	Account Type <input type="checkbox"/> Pre-tax 403(b) <input type="checkbox"/> After-tax 403(b) <input type="checkbox"/> 457(b)	Employer listed on Account	Account Value
Participant Authorization	I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that any knowingly false information provided may result in an unauthorized distribution from the Plan which may have tax consequences as well as other civil and / or criminal penalties. I understand that the submission of this form is only a request and is not a guarantee that the request can be authorized or that the amount requested will be the final amount approved for distribution. I certify I have requested this transaction voluntarily, and agree to indemnify and hold harmless my Employer for any financial or legal consequences which may result from the completion of this transaction. Participant Signature _____ Date _____ X		