



**Required Minimum Distribution Form**  
**Accounts held with TCG**


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-C 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
Plan Type	<input type="checkbox"/> 457 <input type="checkbox"/> FICA Alternative <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b)		
	Would you like to receive status updates of your request via text message? <i>Message &amp; Data rates may apply</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		Mobile Phone #	

B. DISTRIBUTION INSTRUCTIONS	
<input type="checkbox"/> RMD Distribution	TCG will calculate the distribution amount required.
<input type="checkbox"/> Check box for partial withdrawal of:	\$
<input type="checkbox"/> Automated Withdrawals	If you would like automated annual withdrawals, please select this option. TCG will calculate the distribution amount required annually. All automated RMD withdrawals will be processed by December 15 <sup>th</sup> annually. Your account will be charged a transaction fee annually for each recurring RMD transaction. The payout method will be direct deposit. If banking information is not provided or if the bank provided does not pass our GIACT fraud detection service platform, a check will be issued to the address of record. Please be sure to submit and complete the TCG Administrators Direct Deposit Agreement Form to complete your request.

PLEASE SELECT ONE OF THE FOLLOWING
<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 _____% (1%-50%) The default withholding rate is 10% of the RMD amount
Please review the Special Tax Notice as directed below. The distribution check will be made payable to you and will be mailed to the verified address provided above.

**A signature is required on the following page. Electronic signatures will not be accepted.**

**C. 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. 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.

**Signature of Participant**  
(or Beneficiary if Death claim)

**Date**

**We will NOT accept digital/electronic signatures. Please fax, email, or mail this form to the information above, accordingly.**

**PLEASE SEE IMPORTANT DISCLOSURE MATERIAL RELATED TO THIS FORM AT THE TCG WEBSITE AT  
[www.tcgservices.com/special-tax-notice](http://www.tcgservices.com/special-tax-notice)**



TCG Administrators offers direct deposit for a faster way to receive the funds from your Distribution/ Loan request. This service comes at an additional cost of **\$25.00** per transaction. By authorizing this form below, you are authorizing TCG Administrators to deduct the **\$25.00** from your retirement account in which you have requested the Distribution/Loan request.

#### **AUTHORIZATION AGREEMENT**

I hereby authorize TCG Administrators to initiate an automatic deposit to my account at the financial institution named below. I also authorize TCG Administrators to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold TCG Administrators responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

By signing below, I understand that TCG Administrators uses a fraud detection services platform, GIACT, to check that the account information provided matches the account name. If GIACT does not come back with a PASS code upon the first ACH attempt, TCG will try the second provided account. If only one account is provided and it fails, or both provided accounts return a fail code, then a check will be mailed to the address on file. If the address on file does not match the address provided for your request, your request will be delayed. We will need to voice verify the new address or you can include a copy of your driver's license with your request to avoid delay.

#### **ACCOUNT INFORMATION**

Name of the Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: ☐ Checking Account ☐ Savings Account

Account Name (*Name of Account Holder*): \_\_\_\_\_

#### **ACCOUNT INFORMATION Secondary Account)**

Name of the Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: ☐ Checking Account ☐ Savings Account

Account Name (*Name of Account Holder*): \_\_\_\_\_

#### **SIGNATURE**

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

A signature is required. Electronic signatures will not be accepted.

**PLEASE RETURN THIS FORM WITH YOUR APPLICATION**

TCG Administrators

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Toll Free: (800) 943-9179 | Fax (888) 989-9247 | [www.tcgservices.com](http://www.tcgservices.com)