

OMNI&TSACG Compliance Services

A DAYBRIGHT FINANCIAL COMPANY

Online Distribution System

Empoyee Tutorial

U.S. OMNI & TSACG Compliance Services
Compliance and Administration Service Provider
Client Services
73 Eglin Parkway NE, Suite 202
Fort Walton Beach, FL 32548

888.796.3786 Option 4

recordkeeping@tsacg.com

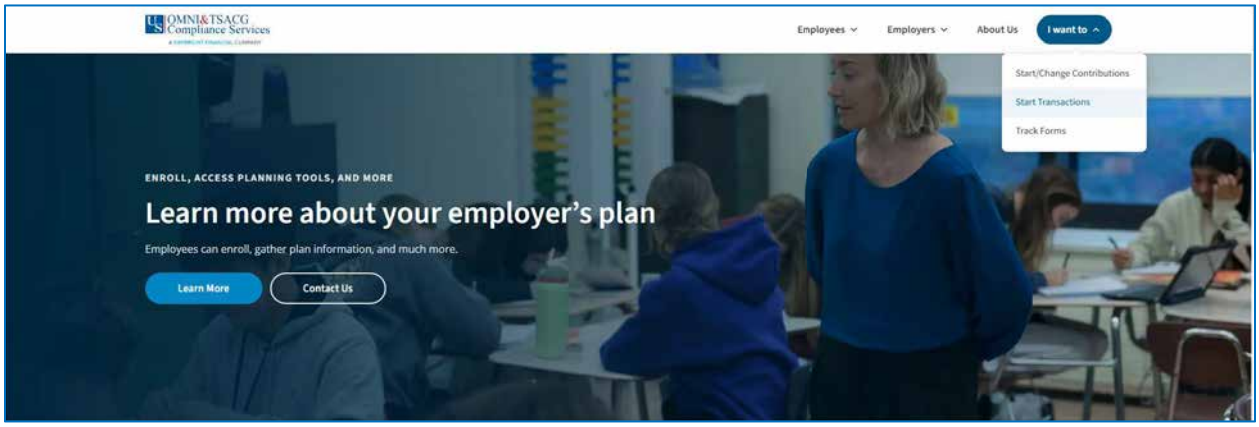
The most efficient and timely way to submit transactions for review is the use of U.S. OMNI & TSACG Compliance Services' (OMNI/TSACG) Online Distribution System (ODS). This advanced Web-based system allows participants and advisors alike to obtain immediate approval certification for eligible distributions. Further, all distribution requests may be submitted in this manner including those that require supporting documentation such as Hardship and Unforeseen Emergency withdrawals. ODS is available via https://transaction.tsacg.com, and it can also be accessed via a link on the homepage of our website: https://publicretirement.daybright.com. ODS is available 24 hours a day, seven days a week.

There are many benefits to ODS:

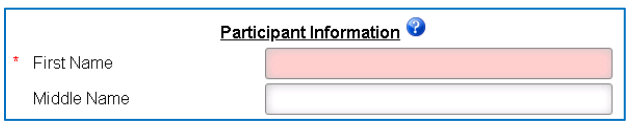
- Employees can gain immediate approval certification for eligible distributions.
- All distribution requests may be submitted in this manner, including those that require supporting documentation.
- Save time and reduce delays in processing time.
- The system can be accessed 24 hours a day, 7 days a week.
- Authorized Investment Provider Agents/Representatives can assist employees.

Employees should follow the below instructions to successfully utilize ODS.

To begin, navigate to the secure website https://publicretirement.daybright.com, click on the "I want to" button, and select "Start Transactions."

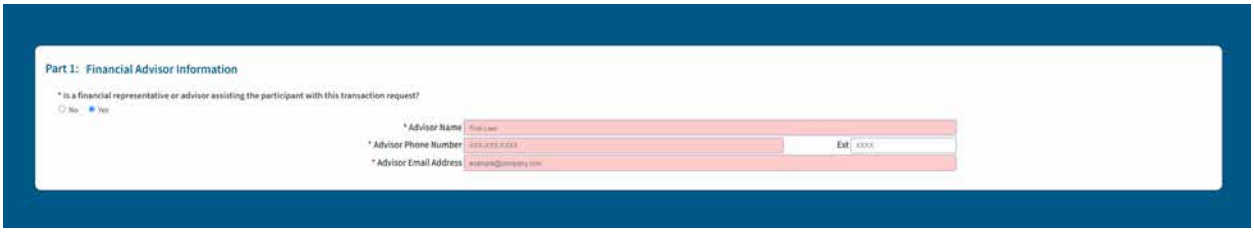


IMPORTANT – Please be advised that anything with a red asterisk "*" or a box that is highlighted with pink is required! An example of what a required field looks like is below:



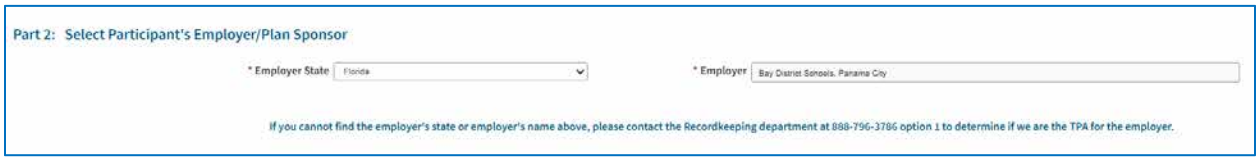
Part 1: Financial Advisor Information

Indicate if you are working with a Financial Advisor and include their contact information. If you are not working with an advisor, check "No," and move to Part 2.



Part 2: Select Participant's Employer/Plan Sponsor

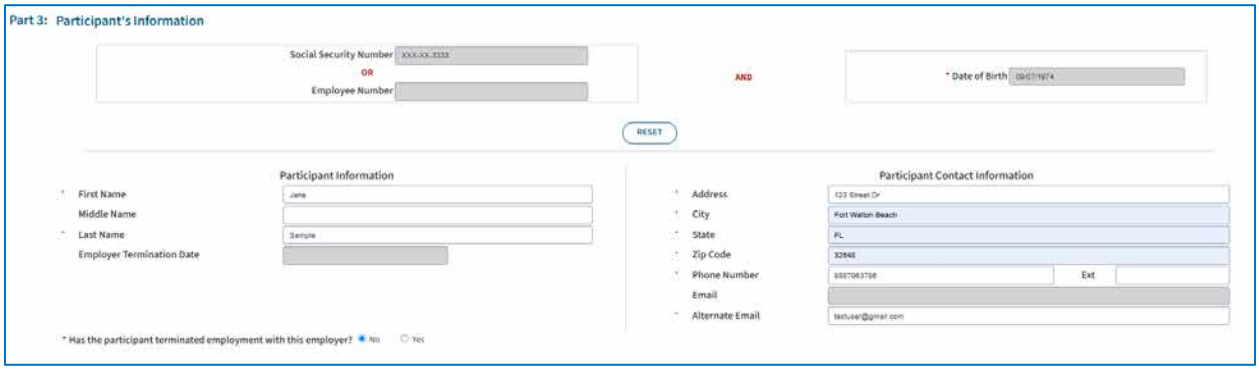
Select the appropriate Employer State and Employer name that your retirement account is associated with for the transaction.



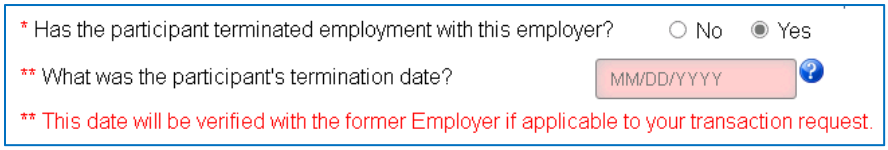
Part 3: Participant's Information

Please enter all of the information identified below.

- Employee's Social Security Number **OR** Employee Number
- Employee's Date of Birth
- Employee's Name, Address, Phone Number, and current Email



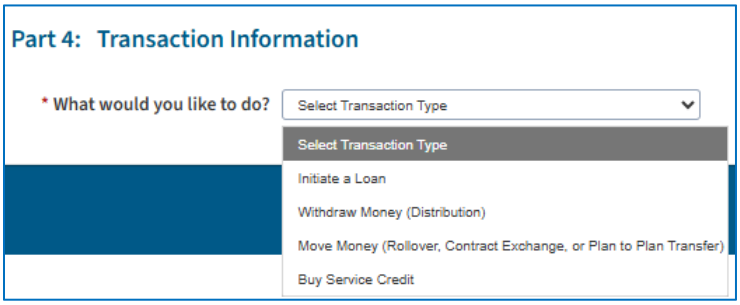
Please do not forget to answer the question "Has the participant terminated employment with this employer?" If you are no longer employed with the employer, please provide the approximate date you separated. Please be advised that all dates will be verified with the employer if one is not on file, and you are under the age eligibility requirement (if applicable).



Part 4: Transaction Information

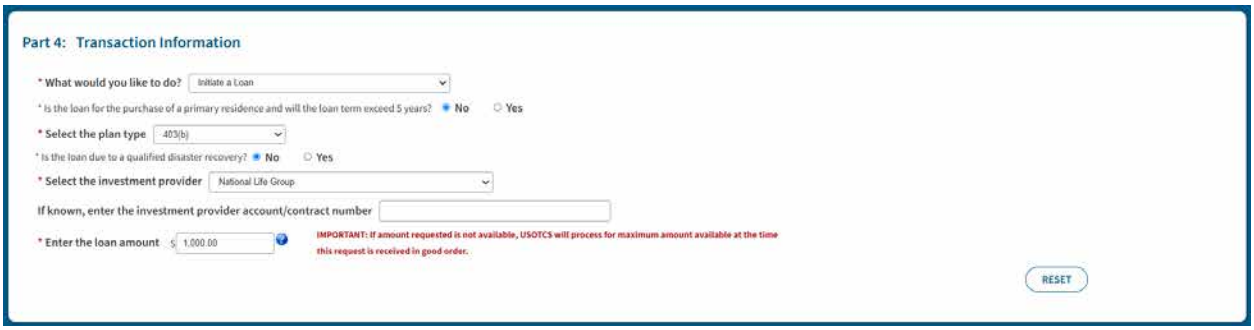
Select the type of transaction you wish to request.

- Initiate a Loan
- Withdraw Money (Distribution)
- Move Money (Rollover, Contract Exchange, or Plan to Plan Transfer)
- Buy Service Credit

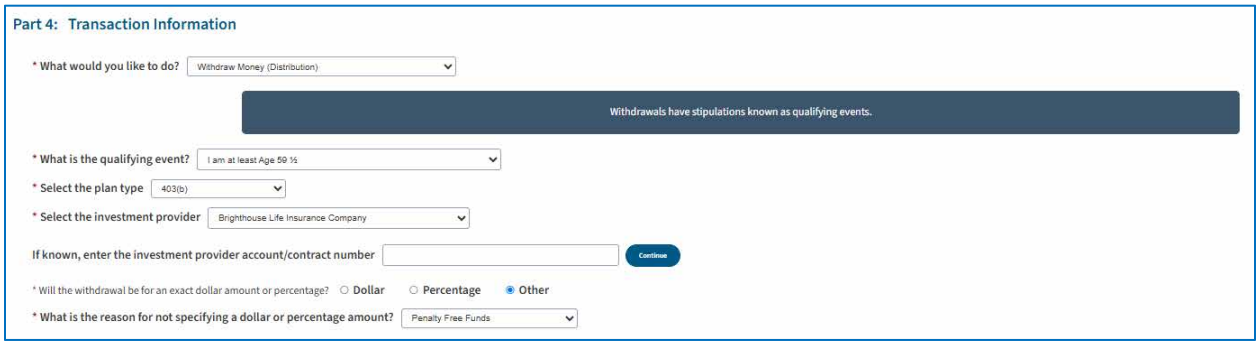


a) Initiate a Loan – Please be advised that all loans that exceed 5-year terms will require supporting documentation to show you are using the loan for the purchase of your principal residence. A qualified disaster recovery loan also requires supporting documentation.

IMPORTANT – If the amount or the loan requested is not available, OMNI/TSACG will process for the maximum amount available at the time this request is received in good order.



b) Withdraw Money (Distribution) – A qualifying event is required when taking a withdrawal. You must select the appropriate qualifying event based on your transaction. Please be advised that qualifying events based on age and/or employment status will only appear if you are eligible. Some qualifying events will require additional information and/or supporting documentation.



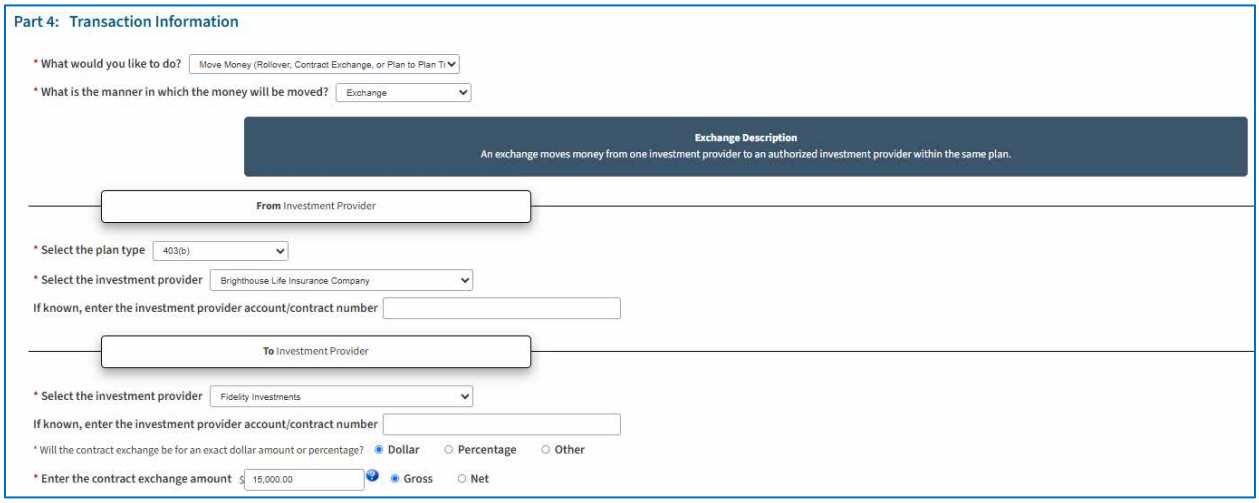
When entering an amount, you may enter a specified dollar amount or percentage or select "Other." If "Other" is selected, you will find the options below:

- Penalty Free Funds
- Required Minimum Distribution (RMD)
- Systematic Withdrawal

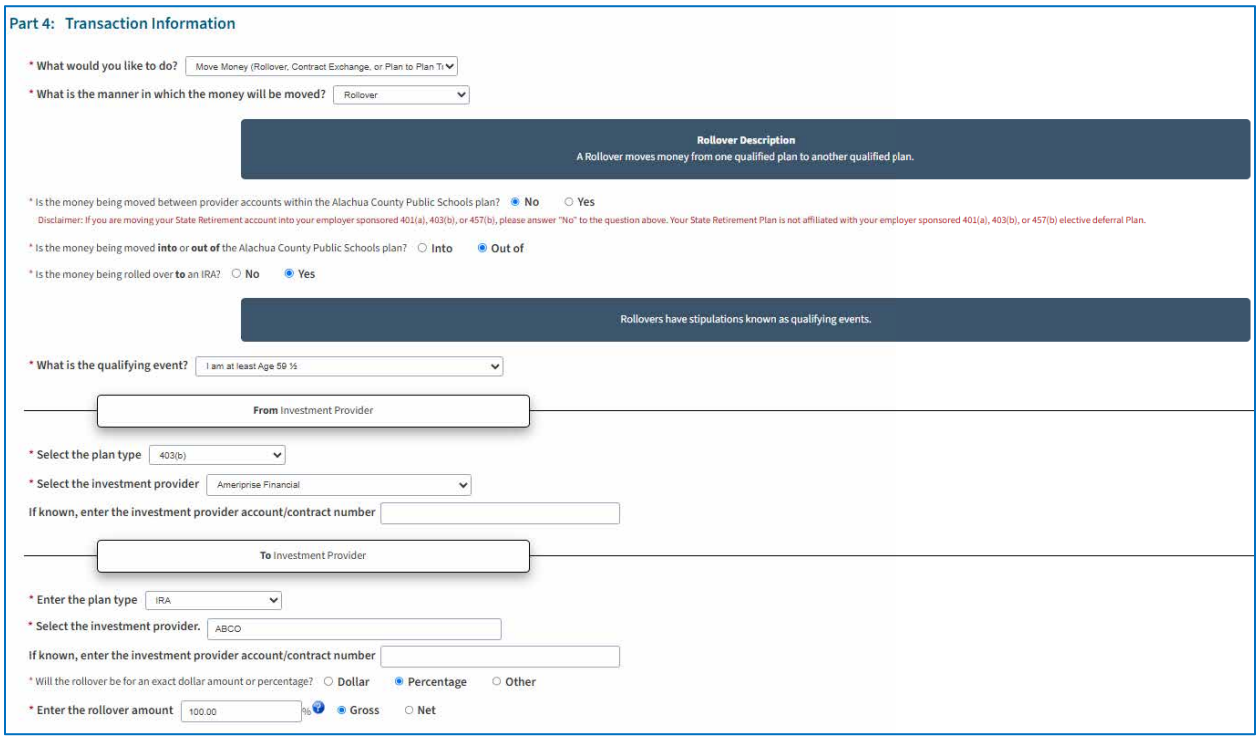
c) Move Money (Rollover, Contract Exchange, or Plan to Plan Transfer) – To move money, one would move funds from one investment provider into another. The types of movements are listed below:

- Contract Exchange
- Rollover
- Transfer

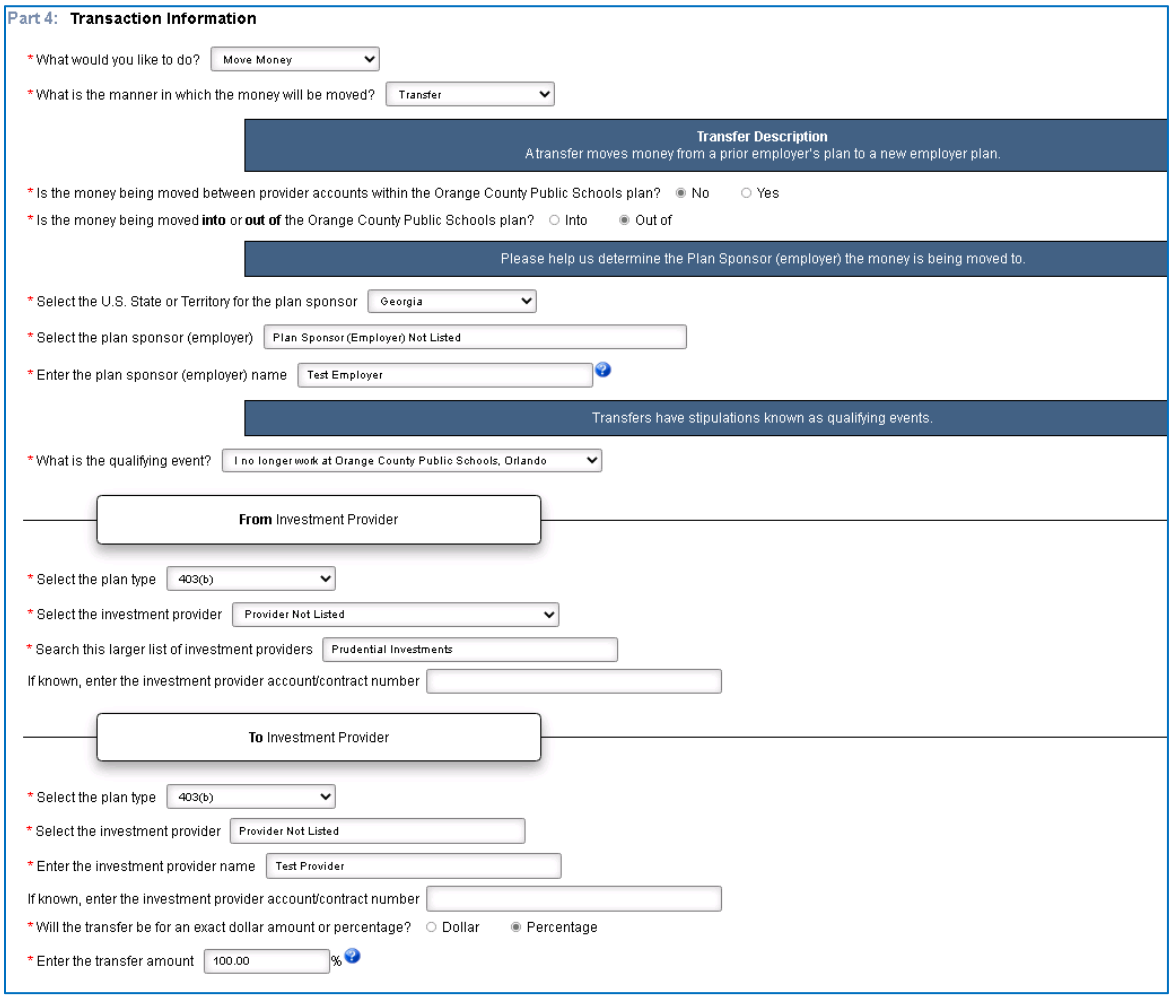
1) Contract Exchange – An exchange is movement of money from one investment provider to an authorized investment provider within the same employer's plan. A qualifying event is not required to exchange your account with another authorized provider.



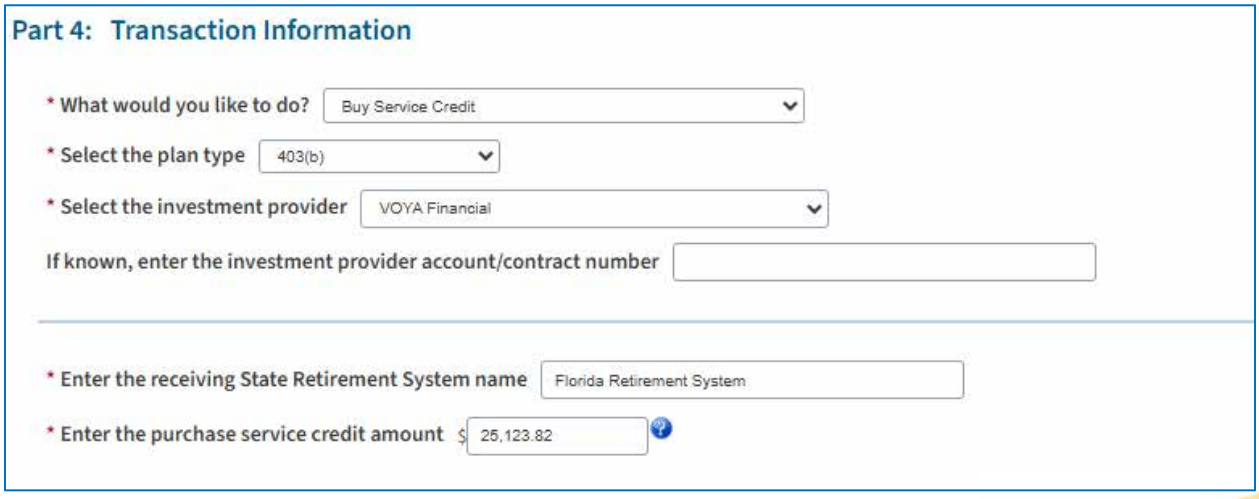
2) Rollover – A rollover is movement of money from one qualified plan to another qualified plan with a qualifying event.



3) Transfer – A transfer is movement of money from a prior employer's plan to a new employer plan with a qualifying event.



d) Buy Service Credit – A service credit purchase is a transfer of funds from a qualified account to purchase service credit in a tax-qualified defined benefit governmental plan (i.e., pension plan).



IMPORTANT – The next section, "Part 5: Transaction Documents," depends on the type of transaction you are requesting. You will either continue and receive an immediate approval certificate or be required to provide additional information for our team to review.

Part 5: Transaction Documents

Please be advised this section only appears when the transaction you selected requires supporting documentation and/or a signed disclosure form. If this does not appear, skip to Part 5: Disclosures.

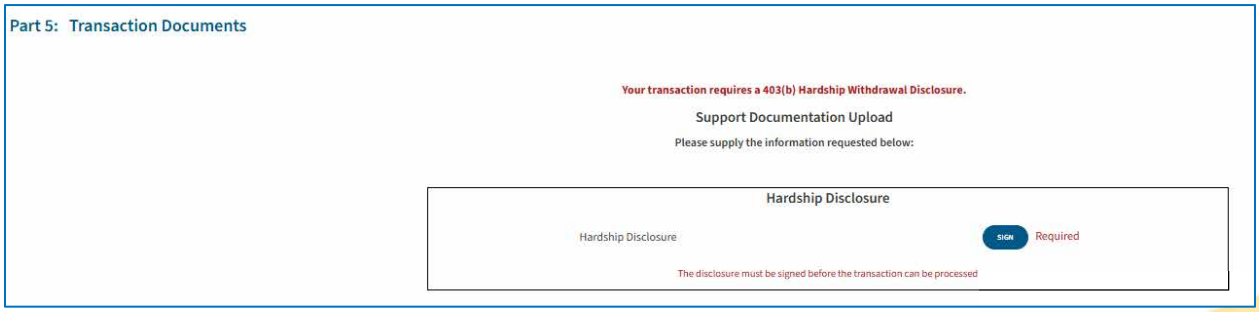
Some distributions require a signed disclosure form or supporting documentation based on the reason selected for the request and the provisions of your employer's plan. For example, a 403(b) Hardship withdrawal and/or 457(b) Unforeseen Emergency withdrawal require evidence of the expenses equal to or more than the amount requested and/or a signed disclosure form. If your employer's plan requires additional supporting documentation, you may upload it by clicking, "Choose File." If you do not have the supporting documentation to upload at this time, you will receive instructions and a fax cover page including our fax number to send later once you have completed submission of your request. The next step is to click "Sign," so the applicable disclosure generates for you to sign.

The below will display if your employer requires additional supporting documentation:

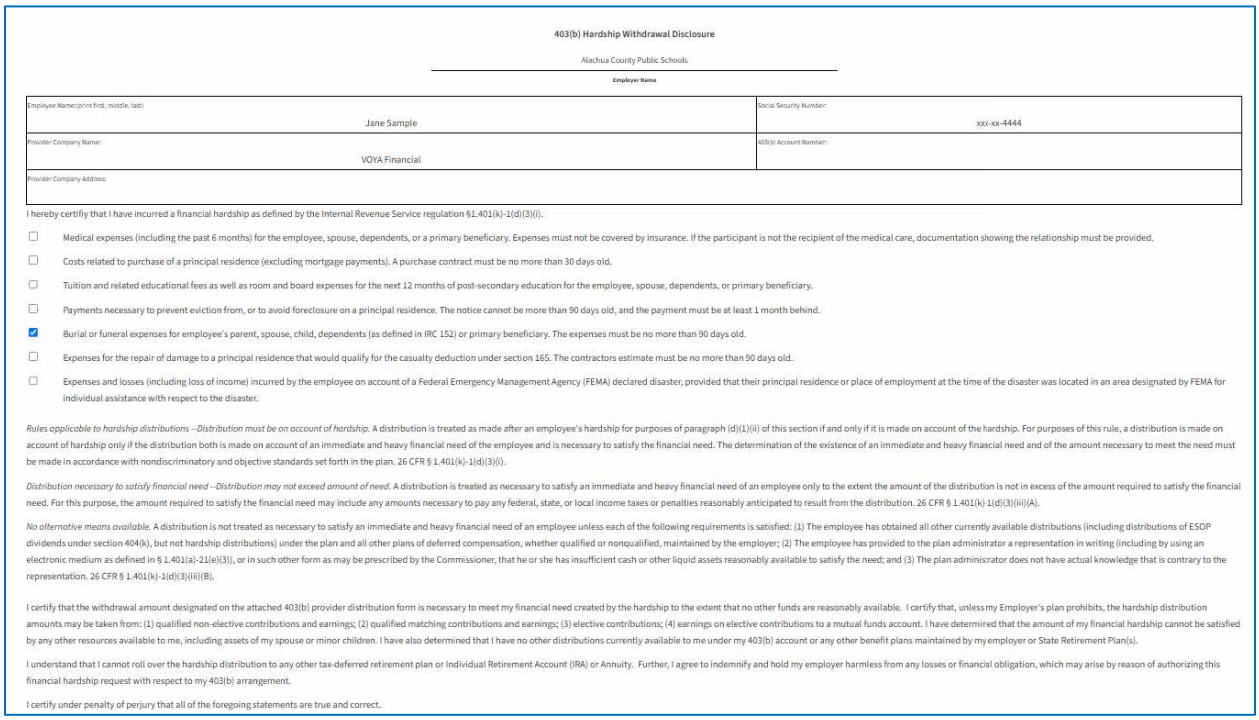


If your employer's plan does not require additional supporting documentation and only requires a signed disclosure form, please click "Sign," and the applicable disclosure will generate for you to sign.

The below will display if your employer does not require additional supporting documenation, but does require a signed dislosure form:



The below is an example of the 403(b) Hardship Withdrawal Disclosure that must be signed:



403(b) Hardship Withdrawal Disclosure

Alachua County Public Schools

Employer Name

Employee Name:(print first, middle, last)	Social Security Number:
Jane Sample	xxx-xx-4444
Provider Company Name:	403(b) Account Number:
VOYA Financial	
Provider Company Address:	

I hereby certify that I have incurred a financial hardship as defined by the Internal Revenue Service regulation §1.401(k)-1(d)(3)(i).

- ☐ Medical expenses (including the past 6 months) for the employee, spouse, dependents, or a primary beneficiary. Expenses must not be covered by insurance. If the participant is not the recipient of the medical care, documentation showing the relationship must be provided.
- ☐ Costs related to purchase of a principal residence (excluding mortgage payments). A purchase contract must be no more than 30 days old.
- ☐ Tuition and related educational fees as well as room and board expenses for the next 12 months of post-secondary education for the employee, spouse, dependents, or primary beneficiary.
- ☐ Payments necessary to prevent eviction from, or to avoid foreclosure on a principal residence. The notice cannot be more than 90 days old, and the payment must be at least 1 month behind.
- ☑ Burial or funeral expenses for employee's parent, spouse, child, dependents (as defined in IRC 152) or primary beneficiary. The expenses must be no more than 90 days old.
- ☐ Expenses for the repair of damage to a principal residence that would qualify for the casualty deduction under section 165. The contractors estimate must be no more than 90 days old.
- ☐ Expenses and losses (including loss of income) incurred by the employee on account of a Federal Emergency Management Agency (FEMA) declared disaster, provided that their principal residence or place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster.

Rules applicable to hardship distributions --Distribution must be on account of hardship. A distribution is treated as made after an employee's hardship for purposes of paragraph (d)(1)(ii) of this section if and only if it is made on account of the hardship. For purposes of this rule, a distribution is made on account of hardship only if the distribution both is made on account of an immediate and heavy financial need of the employee and is necessary to satisfy the financial need. The determination of the existence of an immediate and heavy financial need and of the amount necessary to meet the need must be made in accordance with nondiscriminatory and objective standards set forth in the plan. 26 CFR § 1.401(k)-1(d)(3)(i).

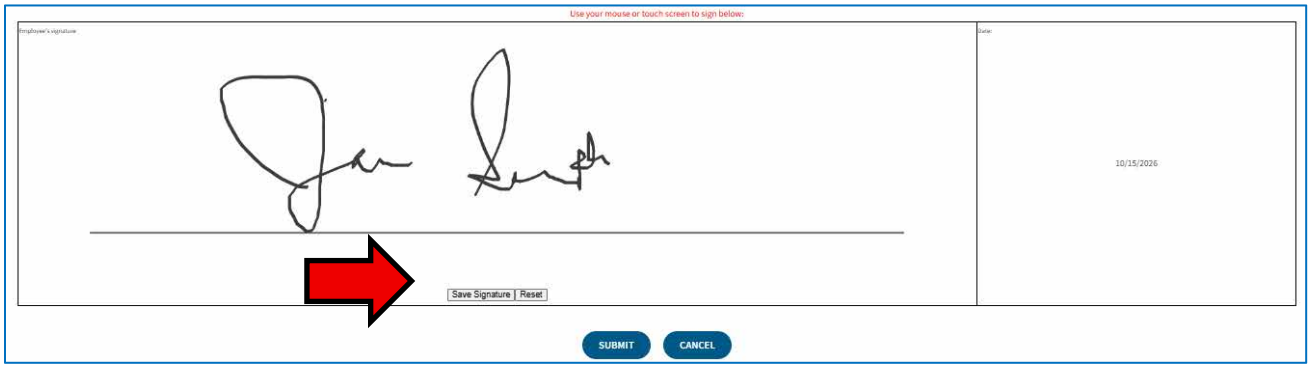
Distribution necessary to satisfy financial need --Distribution may not exceed amount of need. A distribution is treated as necessary to satisfy an immediate and heavy financial need of an employee only to the extent the amount of the distribution is not in excess of the amount required to satisfy the financial need. For this purpose, the amount required to satisfy the financial need may include any amounts necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution. 26 CFR § 1.401(k)-1(d)(3)(iii)(A).

No alternative means available. A distribution is not treated as necessary to satisfy an immediate and heavy financial need of an employee unless each of the following requirements is satisfied: (1) The employee has obtained all other currently available distributions (including distributions of ESOP dividends under section 404(k), but not hardship distributions) under the plan and all other plans of deferred compensation, whether qualified or nonqualified, maintained by the employer; (2) The employee has provided to the plan administrator a representation in writing (including by using an electronic medium as defined in § 1.401(a)-21(e)(3)), or in such other form as may be prescribed by the Commissioner, that he or she has insufficient cash or other liquid assets reasonably available to satisfy the need; and (3) The plan administrator does not have actual knowledge that is contrary to the representation. 26 CFR § 1.401(k)-1(d)(3)(iii)(B).

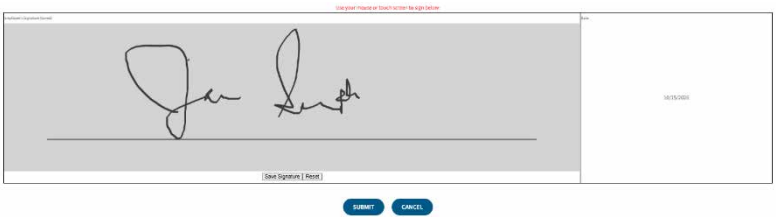
I certify that the withdrawal amount designated on the attached 403(b) provider distribution form is necessary to meet my financial need created by the hardship to the extent that no other funds are reasonably available. I certify that, unless my Employer's plan prohibits, the hardship distribution amounts may be taken from: (1) qualified non-elective contributions and earnings; (2) qualified matching contributions and earnings; (3) elective contributions; (4) earnings on elective contributions to a mutual funds account. I have determined that the amount of my financial hardship cannot be satisfied by any other resources available to me, including assets of my spouse or minor children. I have also determined that I have no other distributions currently available to me under my 403(b) account or any other benefit plans maintained by my employer or State Retirement Plan(s).

I understand that I cannot roll over the hardship distribution to any other tax-deferred retirement plan or Individual Retirement Account (IRA) or Annuity. Further, I agree to indemnify and hold my employer harmless from any losses or financial obligation, which may arise by reason of authorizing this financial hardship request with respect to my 403(b) arrangement.

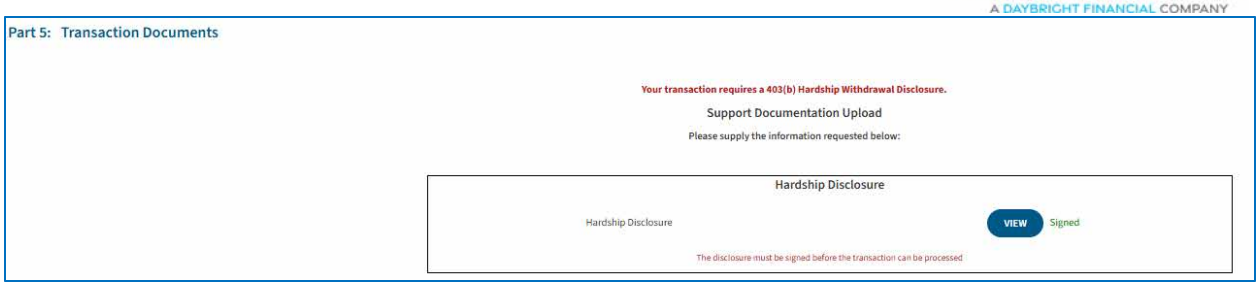
I certify under penalty of perjury that all of the foregoing statements are true and correct.



Reminder: Do not forget to click "Save Signature." Once saved, the signature box will have a grey background, and then you may click "Submit." You may close the PDF, and click "Submit."



After submission, a simple confirmation will show "Signed" in a green font next to the "View" button as shown below:

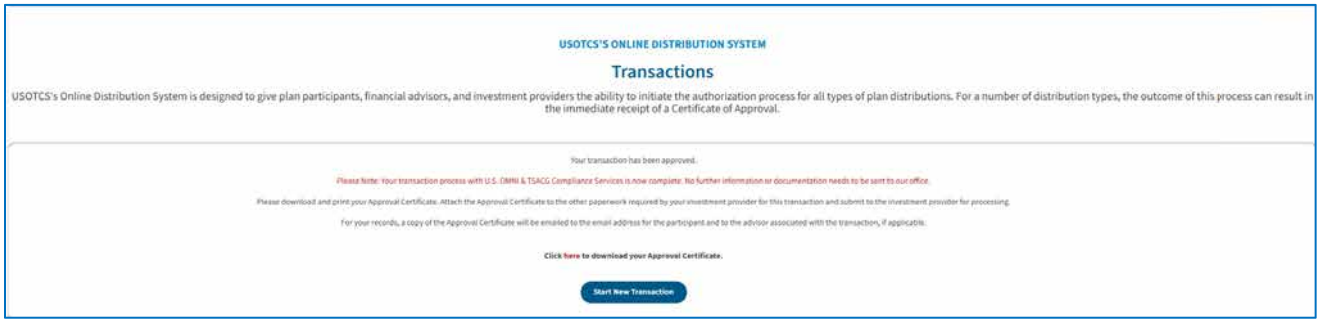


Part 6: Disclosures

Please read the statement and check the box to certify the statement as shown below and then click "Submit."



If you receive an automated approval, you will receive the below message along with a link. Please click the red "here" to open the PDF and print a copy. If you are unable to print the approval certificate immediately after submission of your request, a copy will be sent to the email address(es) provided in Part 1 and/or Part 3.



A PDF will generate as shown below with instructions. Please read the instructions and follow them closely.



OMNI&TSACG Compliance Services
A DAYBRIGHT FINANCIAL COMPANY

P.O. Box 4037
Fort Walton Beach, FL 32549
www.tsacg.com

PLEASE PRINT

As your employer's Plan Administrator, U.S. OMNI & TSACG Compliance Services is confirming your disbursement request.

- Please print the attached "Certificate of Plan Transaction Approval"
- Attach the "Certificate of Plan Transaction Approval" to your completed investment provider paperwork
- Submit all documents to your investment provider for further processing



OMNI&TSACG Compliance Services

403(b) and 457(b) Plan Administrator

Certificate of Plan Transaction Approval

This transaction is approved subject to the verification of participant identity by the investment provider.

Transaction Type: Distribution 403(b) Financial Hardship Withdrawal
Confirmation ID: 1641831058
Approval Effective Date: 10/16/2026

Participant: Sample A Participant
SSN(Last4): 3333
Termination Date (If Applicable):
Date Of Birth: 09/07/1974
Plan Sponsor: Alachua County Public Schools
Plan Sponsor State: FL

From Provider: Brighthouse Life Insurance Company
Contract Number (If known):
Transaction Amount: $7,018.00 Gross

Pursuant to the Employee's plan, the hardship distribution amount is permitted to be taken from the participant's elective contributions, qualified non-elective and matching contributions, and earnings on those contribution sources. If this distribution is made to a participant who has a terminal illness, the participant should contact his/her service provider regarding tax withholding exemptions and any repayment options available.

This approval is valid for 60 days. Any reauthorization of this approval must be issued in writing from U.S. OMNI & TSACG Compliance Services prior to initial expiration.

Amounts authorized may be affected by market fluctuation and/or deferred sales charges if applicable. Final amounts paid may be less than amount authorized.

This authorization is in lieu of signature(s) by Plan Administrator on the investment provider forms. The investment provider is authorized to execute the specific transaction referenced herein, only after complete and final verification of the legal identity of the participant or beneficiary of the participant and bank routing instructions for the distribution as required by the transaction documentation of the investment provider.

U.S. OMNI & TSACG Compliance Services hereby certifies that this transaction is permitted under the provisions of the employer's plan.

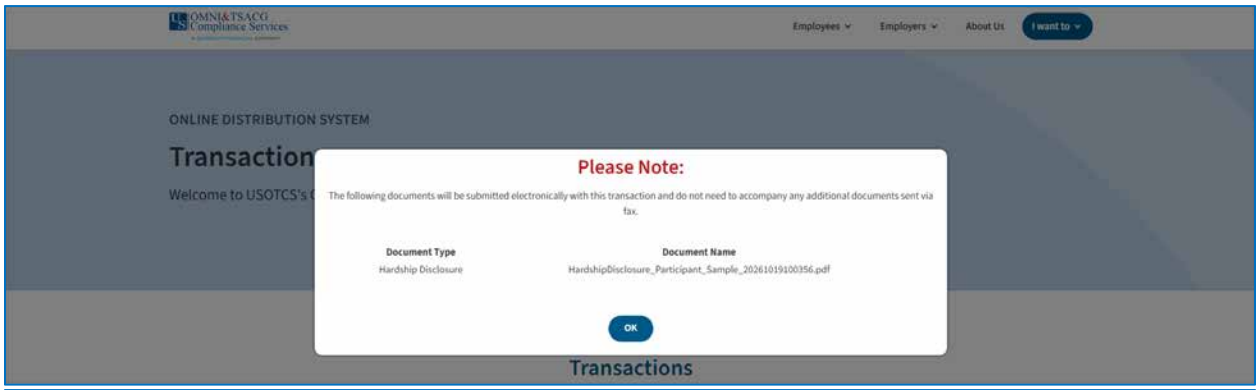
Hardship Disclosure: This hardship distribution is approved based upon the following conditions and subject to verification by the provider: The participant is approved up to $7,018.00, not to exceed the amount of applicable contribution sources reduced by previous distributions, or current hardship availability per the investment provider, if less. Please contact U.S. OMNI & TSACG Compliance Services in the event that these conditions cannot be verified or met.

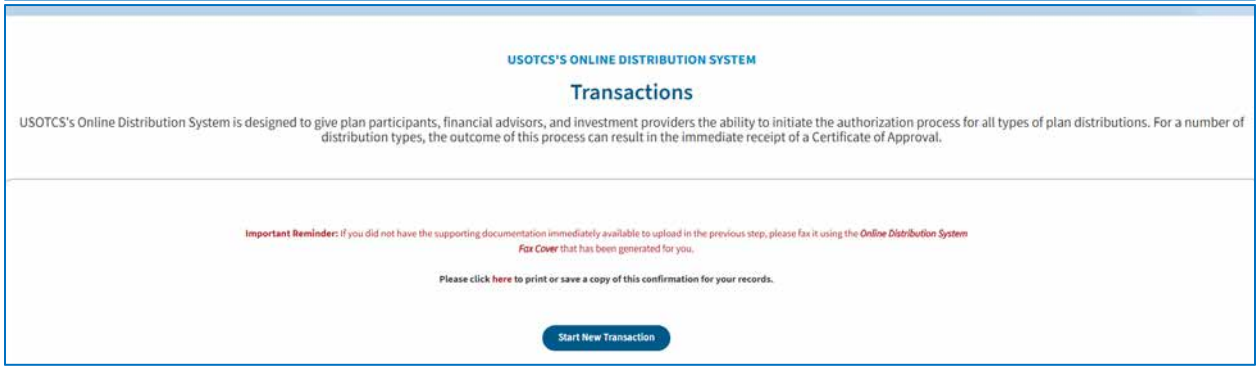
This approval certificate was generated through an electronic system developed by U.S. OMNI & TSACG Compliance Services for the exclusive use of U.S. OMNI & TSACG Compliance Services clients and participants in those clients' 403(b) and 457(b) plans. Any use of this certificate by unauthorized parties is prohibited. Fraudulent use of this certificate will result in prosecution of responsible parties.

Signatures
Sample A Participant
10/16/2026 11:48:57

U.S. OMNI & TSACG Compliance Services - Plan Administrator
Email: no-reply@tsacg.com

If your transaction **does not** auto-approve, you will receive the below message. Please click "OK" and when the pop-up box closes, click the red "here" to open the PDF and print a copy. If you are unable to print the approval certificate immediately after submission of your request, a copy will be sent to the email address(es) provided in Part 1 and/or Part 3.

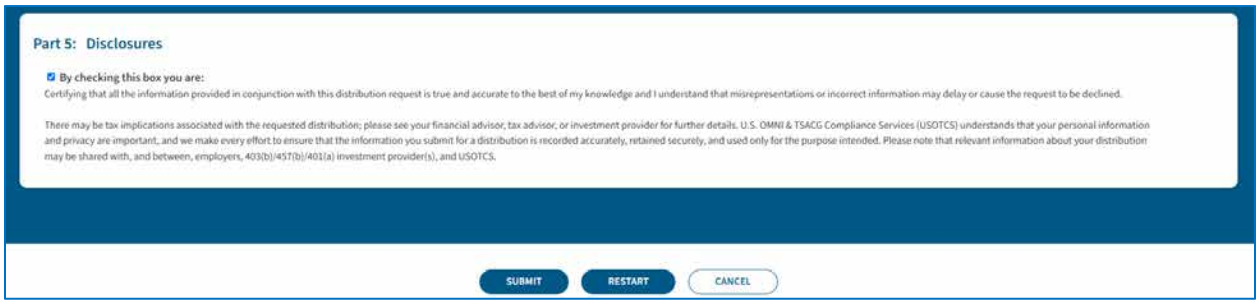




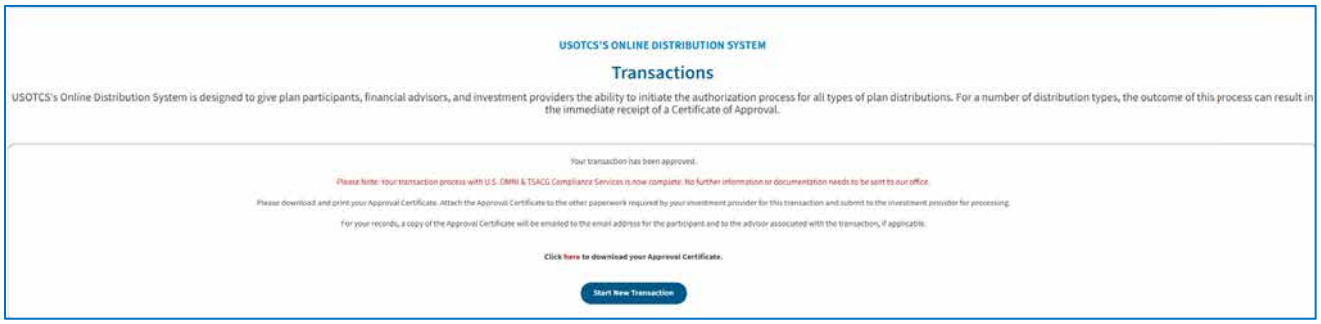
Part 5: Disclosures

Depending on the type of transaction submitted, our team may need to review your request. For example, if we do not have a severance of service date on file, it will be verified with the applicable employer. Once the date has been verified, our team will provide an approval certificate that will be sent to the email address(es) provided in Part 1 and/or Part 3.

Please read the statement and check the box to cerfity the statement as shown below. You will then click "Submit."



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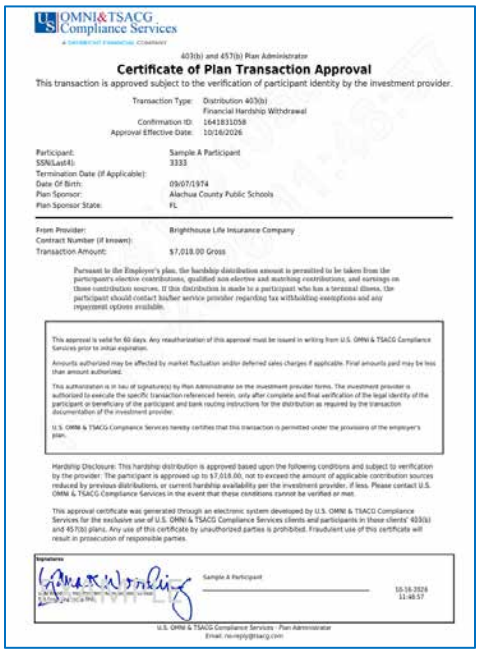
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Financial Hardship Withdrawal
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Participant: Sample A Participant
SSN(Last4): 3333
Termination Date (if Applicable):
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Plan Sponsor: Alachua County Public Schools
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From Provider: Brighthouse Life Insurance Company
Contract Number (if known):
Transaction Amount: $7,018.00 Gross

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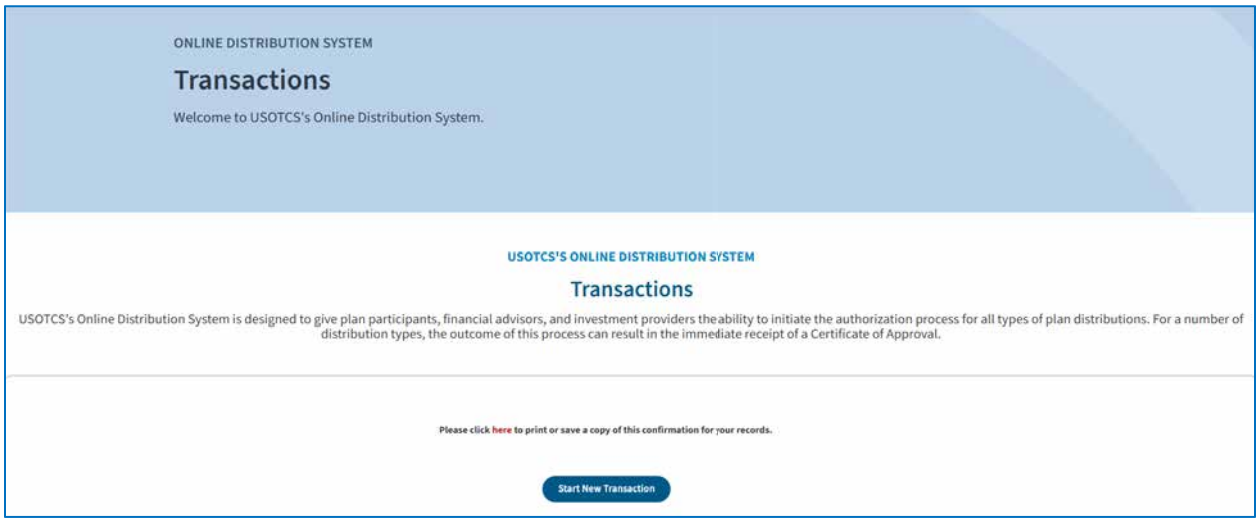
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Signatures

Sample A Participant 10-16-2026 11:48:57

U.S. OMNI & TSACG Compliance Services - Plan Administrator
Email: no-reply@tsacg.com

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ONLINE DISTRIBUTION SYSTEM

Transactions

Welcome to USOTCS's Online Distribution System.

USOTCS'S ONLINE DISTRIBUTION SYSTEM

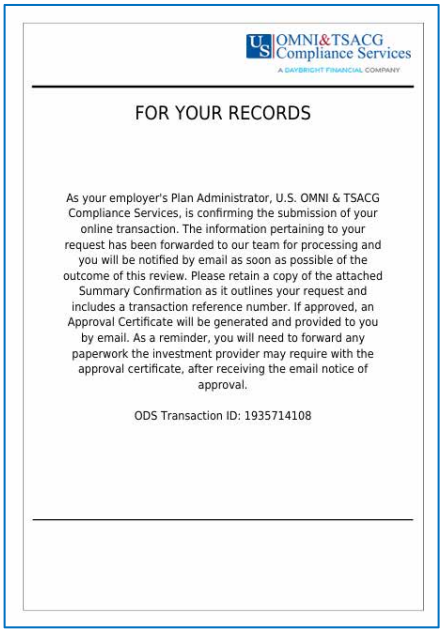
Transactions

USOTCS's Online Distribution System is designed to give plan participants, financial advisors, and investment providers the ability to initiate the authorization process for all types of plan distributions. For a number of distribution types, the outcome of this process can result in the immediate receipt of a Certificate of Approval.

Please click here to print or save a copy of this confirmation for your records.

Start New Transaction

A PDF will generate as shown below with instructions. Please read the instructions and follow them closely.

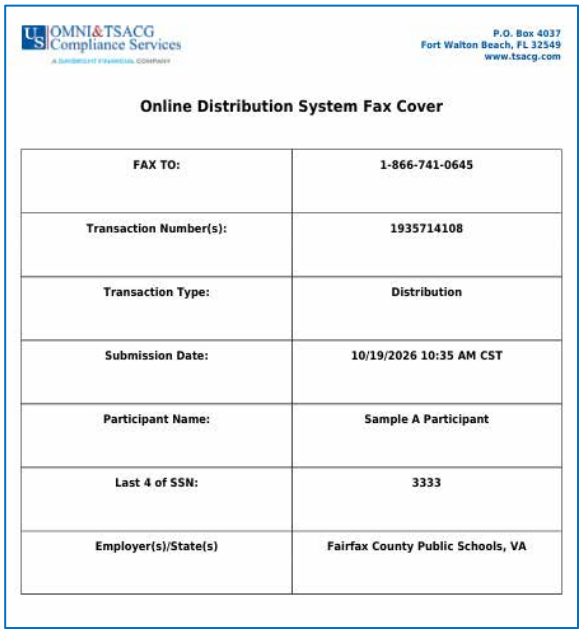


OMNI&TSACG Compliance Services
A DAYBRIGHT FINANCIAL COMPANY

FOR YOUR RECORDS

As your employer's Plan Administrator, U.S. OMNI & TSACG Compliance Services, is confirming the submission of your online transaction. The information pertaining to your request has been forwarded to our team for processing and you will be notified by email as soon as possible of the outcome of this review. Please retain a copy of the attached Summary Confirmation as it outlines your request and includes a transaction reference number. If approved, an Approval Certificate will be generated and provided to you by email. As a reminder, you will need to forward any paperwork the investment provider may require with the approval certificate, after receiving the email notice of approval.

ODS Transaction ID: 1935714108

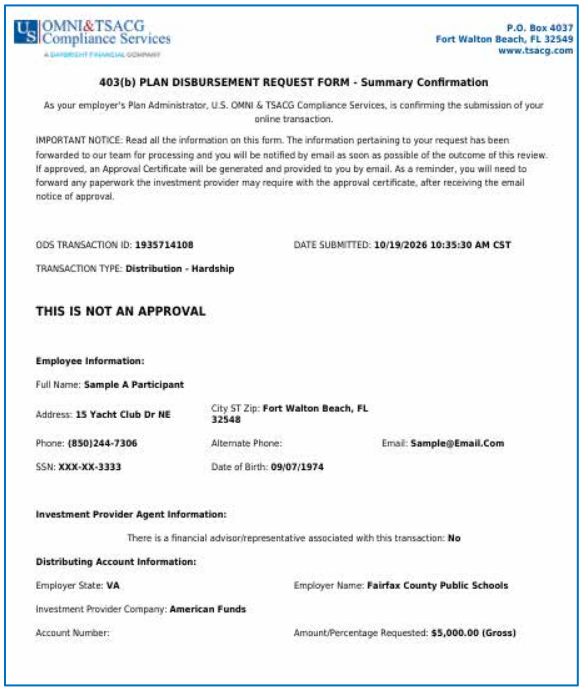


OMNI&TSACG Compliance Services
A DAYBRIGHT FINANCIAL COMPANY

P.O. Box 4037
Fort Walton Beach, FL 32549
www.tsacg.com

Online Distribution System Fax Cover

FAX TO:	**1-866-741-0645**
Transaction Number(s):	**1935714108**
Transaction Type:	**Distribution**
Submission Date:	**10/19/2026 10:35 AM CST**
Participant Name:	**Sample A Participant**
Last 4 of SSN:	**3333**
Employer(s)/State(s)	**Fairfax County Public Schools, VA**



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403(b) PLAN DISBURSEMENT REQUEST FORM - Summary Confirmation

As your employer's Plan Administrator, U.S. OMNI & TSACG Compliance Services, is confirming the submission of your online transaction.

IMPORTANT NOTICE: Read all the information on this form. The information pertaining to your request has been forwarded to our team for processing and you will be notified by email as soon as possible of the outcome of this review. If approved, an Approval Certificate will be generated and provided to you by email. As a reminder, you will need to forward any paperwork the investment provider may require with the approval certificate, after receiving the email notice of approval.

ODS TRANSACTION ID: **1935714108** DATE SUBMITTED: **10/19/2026 10:35:30 AM CST**

TRANSACTION TYPE: **Distribution - Hardship**

THIS IS NOT AN APPROVAL

Employee Information:

Full Name: **Sample A Participant**

Address: **15 Yacht Club Dr NE** City ST Zip: **Fort Walton Beach, FL 32548**

Phone: **(850)244-7306** Alternate Phone: Email: **Sample@Email.Com**

SSN: **XXX-XX-3333** Date of Birth: **09/07/1974**

Investment Provider Agent Information:

There is a financial advisor/representative associated with this transaction: **No**

Distributing Account Information:

Employer State: **VA** Employer Name: **Fairfax County Public Schools**

Investment Provider Company: **American Funds**

Account Number: Amount/Percentage Requested: **$5,000.00 (Gross)**