HR 13 (9/19)

## The Texas A&M University System ORP/TDA Representative Acknowledgment Form



With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

## **INSTRUCTIONS**

- 1. Prospective representative should complete Section I and forward to vendor.
- 2. Vendor should complete Section II and mail to the Retirement Coordinator, The Texas A&M University System, System Benefits Administration, Moore-Connally Building, 301 Tarrow Street 5th Floor, College Station, TX 77840 or fax to (979) 458-6247.
- 3. The Retirement Coordinator will provide written acknowledgment to the vendor. New representatives may not contact A&M System employees until after the vendor has been notified that the representative is accepted by the A&M System.

| To:   |                                      |   |   |
|---|--------------------------------------|---|---|
| Vendor name   |                                      |   |   |
| I request appointment one): ORP and   | * *                                  | A&M University System for the   | following retirement programs (check        |
| Full name (print)   |                                      | <br>Title   |   |
| Broker/Dealer/Company n   | ame                                  |   |   |
| The following is a:   | Business Address Home                | Address   |   |
| Complete mailing address  | (Street, City,State, Zip Code)       |   |   |
| Telephone number  | Fax number                           | Email address   |   |
|   | Check a                              | ll applicable responses   |   |
| Designations:   | Licenses & Registrations:            | NASD Examinations:  | Memberships:                                |
| CFP   | Attorney                             | Series  |   |
| ChFC  | Health Insurance                     | Series  |   |
| CLU   | Life Insurance<br>P/C Insurance      | Series  |   |
| CAP<br>CFA  | P/C Insurance<br>Variable Annuity    | Series<br>Series  |   |
| CIA   | Registered investment ad             |   | NAITA                                       |
| document for the Op<br>System solicitation re<br>regarding any product<br>by the NASD to sell 4 | ct(s) offered by my company or any o | d/or Tax-Deferred Account (TDA)<br>them. I will not intentionally pre<br>ther vendor. I certify that I am cu<br>Failure to follow the Administrat |   |
| Signature   |                                      | Date  |   |
| employees in connect<br>A&M University Sys  |                                      | am. I certify that I forwarded to t<br>/or TDA Program. I understand t  |   |
| Signature of representative designator/primary contact  |                                      | Print name o  | f representative designator/primary contact |