

The Texas A&M University System ORP/TDA Transfer Verification Form



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

Name (Print) _____

Social Security number _____

System member name _____

Office phone _____

Date (MM/DD/YYYY) _____

INSTRUCTIONS

1. Complete Section A as appropriate, then sign Section B.
2. Complete information about receiving vendor representative in Section C. (Required if using individual vendor representative)
3. Attach receiving vendor's transfer request.
4. Make a copy for your records.
5. Return to your System member Human Resources or Payroll office.

A. TRANSFER INSTRUCTIONS *(check all that apply)*

I authorize a: Full transfer of: ORP Regular TDA Roth TDA account(s).*

Partial transfer of: ORP Regular TDA Roth TDA account(s).

* Please note: The surrendering vendor will close your account based on your request for a full transfer; therefore, it is necessary to change your ORP or TDA vendor in Workday in order to direct future payroll contributions to the new/receiving vendor.

For **full transfers**, indicate only the contract or account number. For **partial transfers**, also indicate the dollar amount or percent of total to be transferred.

ORP Contract or Account # _____

Investment Option/Fund Name _____ % or \$ _____

TOTAL _____ % or \$ _____

Regular TDA Contract or Account # _____

Investment Option/Fund Name _____ % or \$ _____

TOTAL _____ % or \$ _____

Roth TDA Contract or Account # _____

Investment Option/Fund Name _____ % or \$ _____

TOTAL _____ % or \$ _____

From: _____
Name of surrendering vendor

To: _____
Name and address of receiving vendor

According to IRS regulations, transfers must be contract to contract exchanges and the transferred funds must continue to be subject to the same, or more stringent, early distribution rules.

B. EMPLOYEE SIGNATURE

I understand that the account(s) I am transferring may be subject to surrender charges, contingent deferred sales charges or other fees from the surrendering vendor. I authorize the surrendering vendor to liquidate my account if liquidation of investments is necessary and transfer the assets and any subsequent funds that may be received for deposit in this account as described above.

I understand that I bear the risk of the performance of the product(s) I select, that The Texas A&M University System has no fiduciary responsibilities in this area, and that The Texas A&M University System is not liable for any tax consequences occurring under these programs.

Employee signature _____
Date (MM/DD/YYYY)

C. RECEIVING VENDOR INFORMATION (required if using individual vendor representative)

Name of Representative _____
Company

Telephone number _____
Fax number _____
E-mail address

D. TO BE COMPLETED BY YOUR SYSTEM MEMBER HUMAN RESOURCES OR PAYROLL OFFICE

- I hereby certify that the receiving vendor named above is an active A&M System ORP and/or TDA vendor and the receiving representative is an authorized vendor representative; thus the requested fund transfer may be completed. I also certify that the above employee does or does not have a vested interest in the state's matching contribution.
- I hereby certify that the receiving vendor is permitted in the case of correction of ORP contributions made in error. This application is being returned for the following reason(s):
 - The receiving vendor named above is not an active A&M System ORP and/or TDA vendor.
 - The receiving representative is not an authorized ORP and/or TDA vendor representative.

A&M System-Authorized Representative: Make a copy and forward (including receiving vendor's transfer request form) directly to surrendering vendor.

Name and title _____
Signature _____
Date (MM/DD/YYYY)