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The Texas A&M University System

HR 13 (1/14)

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.

SECTION I

To: _____

Vendor name

I request appointment as your representative to The Texas A&M University System for the following retirement programs (check one): ____ ORP and TDA ____ TDA only

_____ _____

Full name (print) *Title*

_____

Broker/Dealer/Company name

The following is a: ____ Business Address ____ Home Address

_____

Complete mailing address (Street, City,State, Zip Code)

_____ _____ _____

Telephone number *Fax number* *Email address*

Check all applicable responses

Designations:
- ____ CFP
- ____ ChFC
- ____ CLU
- ____ CAP
- ____ CFA

Licenses & Registrations:
- ____ Attorney
- ____ Health Insurance
- ____ Life Insurance
- ____ P/C Insurance
- ____ Variable Annuity
- ____ Registered investment advisor

NASD Examinations:
- ____ Series _____
- ____ Series _____
- ____ Series _____
- ____ Series _____
- ____ Series _____

Memberships:
- ____ American Society of CLU/ChFC
- ____ ICFP
- ____ MDRT
- ____ NALU
- ____ NAPFA

I certify that, as a prospective authorized representative, I have received a copy of The Texas A&M University System plan document for the Optional Retirement Program (ORP) and/or Tax-Deferred Account (TDA) Program and will abide by all A&M System solicitation restrictions and procedures set forth in them. I will not intentionally present any false or misleading information regarding any product(s) offered by my company or any other vendor. I certify that I am currently licensed in the State of Texas and by the NASD to sell 403(b)(1) and/or 403(b)(7) products. Failure to follow the Administrative Procedures may result in the loss of privilege to market ORP and/or TDA contracts to A&M System employees.

Original Signature Required _____

Signature *Date*

SECTION II

I hereby request approval for the appointment of the above-named individual to represent my company to eligible A&M System employees in connection with the ORP and/or TDA Program. I certify that I forwarded to the representative a copy of The Texas A&M University System plan documents for the ORP and/or TDA Program. I understand that my company is responsible for ensuring this individual complies with all A&M System requirements stated in the plan document.

Original Signature Required _____

Signature of representative designator/primary contact *Print name of representative designator/primary contact*