HR 14 (4/13)

The Texas A&M University System ORP Salary Reduction Acknowledgment/Change of Vendor

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

 4. Make a copy for your records. 5. Return to your Human Resources or Payroll office. A. ELECTION TO PARTICIPATE As my initial election to participate in the A&M System ORP, I select (name of vendor)		(D)					
INSTRUCTIONS 1. Complete Section A or B as appropriate, then sign Section C and complete Section D. 2. Attach copy of vendor application. 3. Attach TRS-28 form for initial Optional Retirement Program (ORP) election. 4. Make a copy for your records. 5. Return to your Human Resources or Payroll office. A. ELECTION TO PARTICIPATE As my initial election to participate in the A&M System ORP, I select (name of vendor) and certify that: 1. I understand that my decision not to become a member or not to continue membership in the Teacher Retirement System of Texas (TRS) is irrevocable as required by law, unless I become an eligible employee in the Texas Public School System, other than in a Texas institution of higher education, or before my vesting date become employed in a position not eligible for continued participation in ORP By electing to participate in the ORP, I relinquish all rights to TRS benefits that I previously accrued. I also understand that my previous contributions to TRS may not be rolled over to my ORP account. 2. I have been provided information regarding the benefits available through the Teacher Retirement System of Texas, including the TRS's life insurance and disability benefits, and it is my decision to select the ORP. 3. I understand and acknowledge that both my contribution and the State of Texas' contribution to the ORP will be treated as nonelective contributions under Section 403(b) of the Internal Revenue Code (IRC). Additionally, my contributions to the ORP will be made by salary reduction as required by Texas law. The contribution rates are subject to change at the discretion of the Texas Legislature. This agreement is irrevocable as long as I am a participant in the ORP or until it is determined by the appropriate authority that employee ORP contributions are elective within the meaning of Section 402 of the IRC. 4. I understand that it is my responsibility to disclose 403(b) ORP salary reduction contributions with the B415(c) maximum contribution to a 8403(b) ORP account t	Naı	me (Print)	UIN				
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B. CHANGE OF VENDOR I elect to change my ORP vendor from to					o) ORP salary reduction contributions		
I elect to change my ORP vendor from to		Yes (Amount contributed to ORP: \$)	No			
					to		

C. EMPLOYEE SIGNATURE

This election supersedes all previous elections. I understand that my election will become effective on my day of hire or eligibility, provided all necessary and properly completed ORP enrollment forms are signed and received by the appropriate Human Resources or Payroll office before the monthly payroll calculation for that month. Forms received after the monthly payroll calculation will be effective on the first of the following month.

I understand that I bear the risk of the product(s) of my choosing, 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)

D. VENDOR INFORMATION (required if using individual vendor representative)

Name of Representative

Company

Telephone number

Fax number

E-mail address

E. TO BE COMPLETED BY YOUR HUMAN RESOURCES OR PAYROLL OFFICE