



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

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\_\_\_\_\_  
*Name (Print)*

\_\_\_\_\_  
*Social Security number*

\_\_\_\_\_  
*System member name*

\_\_\_\_\_  
*Vendor*

**Vesting Information**

**TO BE COMPLETED BY SYSTEM MEMBER HUMAN RESOURCES OR PAYROLL OFFICE**

I certify that the above employee is vested in the state's matching ORP contribution.

\_\_\_\_\_  
*Name and title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date (mm/dd/yyyy)*

\_\_\_\_\_  
*Contact Information*