

The University of Texas System
TRANSFER VERIFICATION FORM

Name: _____ Social Security Number: _____

The University of Texas _____


Select the program for which a funds transfer is desired:

- Optional Retirement Program (ORP)
- UT Saver Tax-Sheltered Annuity (TSA) Program
- University of Texas Governmental Retirement Arrangement (UTGRA)

Current Carrier: _____ Account Number: _____

Select one of the following:

- Full transfer of my account
- Partial transfer: Dollar Amount \$ _____ or Percentage _____ %

 **Employee Signature:** _____ **Date:** _____

TO BE COMPLETED BY RECEIVING CARRIER:

Receiving Carrier: _____ Account Number: _____

Address: _____ City: _____ State: _____

Phone Number: _____

I certify that ORP/UTGRA/UTSaver account will be transferred to a corresponding ORP/UTGRA/UTSaver account.

Agent's Signature: _____ Date: _____

This Agreement is in accordance with the provisions of IRS Ruling 90-24, dated February 21, 1990, pertaining to direct transfer of I.R.C. Section 403(b) annuities and I.R.C. Section 403(b)(7) mutual fund custodial accounts.

TO BE COMPLETED BY HUMAN RESOURCES/BENEFITS OFFICE:

I hereby certify that the receiving carrier named above is an authorized ORP/TSA/UTGRA carrier.

The participant ___ is OR ___ is not vested in ORP. (Select one)

Authorized Signature: _____ Date: _____

TO BE COMPLETED BY UTGRA TRUST ADMINISTRATOR (if applicable):

Authorized Signature: _____ Date: _____

Date mailed to vendors: _____ Date transfer completed: _____

Notice about Social Security Numbers

Federal law requires The University of Texas System to report income and SSN's for all employees to whom compensation is paid. Employee SSNs are maintained and used by The University of Texas System for payroll and benefits purposes and are reported to Federal and State agencies on forms required by law for benefits purposes. Further disclosure of the employee's social security number will be governed by the Public Information Act (Chapter 552 of the Texas Government Code).

Original to Surrendering Carrier

Copy to Receiving Carrier Agent

UTGRA transfers – Mail all forms to UTGRA Trust Administrator

Revised: 11/2/04