

**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)
- UTSaver Tax-Sheltered Annuity (TSA) Program
- UTSaver Deferred Compensation Program (DCP)
- University of Texas Governmental Retirement Arrangement (UTGRA)

Current Vendor: \_\_\_\_\_ Account Number: \_\_\_\_\_


Select one of the following:

- Full transfer of my account(s)
- Partial transfer: Dollar Amount \$ \_\_\_\_\_ or Percentage \_\_\_\_\_ %

Receiving Carrier: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

 **Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY RECEIVING VENDOR:**

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

Agent's Name (Print): \_\_\_\_\_

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)

Name (Print): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED FOR UTGRA TRANSFERS:**

Date faxed to UTGRA Trust Administrator: \_\_\_\_\_ 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).