

**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:

- ____ UTSaver Tax-Sheltered Annuity (TSA) Program
- ____ UTSaver Deferred Compensation Program (DCP)
- ____ Optional Retirement Program(ORP)
- ____ 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 Vendor: _____ Account Number: _____

Address: _____ City: _____ State: _____

Phone Number: _____

Employee Signature: _____ **Date:** _____

The provisions of this Form are in accordance with the provisions of IRS Revenue Ruling 90-24 and final 403(b) regulations issued July 26, 2007 pertaining to direct transfer of I.R.C. Section 403(b) annuities and I.R.C. Section 403(b)(7) mutual fund custodial accounts.

The plan permits account exchanges between and to approved providers and the transferee above is an approved provider under the plan; the benefit payable to the participant immediately following the transfer will be at least equal to the benefit payable immediately prior to the transfer; the transferee account to which the transfer is being made imposes distribution restrictions at least as strict as those imposed by the current contract or account; and, with respect to accounts subject to I.R.C. Section 403(b), the issuer of the transferee account has or will have by January 1, 2009 an information-sharing agreement with the employer or otherwise be covered by the employer's plan.

TO BE COMPLETED BY RECEIVING VENDOR:

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

Agent's Name

(Print): _____

Agent's Signature: _____ Date: _____

TO BE COMPLETED BY HUMAN RESOURCES/BENEFITS OFFICE:

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

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 (SSN)

Federal law requires The University of Texas System to report income and SSNs 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 SSN will be governed by the Public Information Act (Chapter 552 of the Texas Government Code).

Original to Surrendering Vendor, Copy to Receiving Vendor Agent, UTGRA transfers – Fax all forms to UTGRA Trust Administrator