

TEXAS STATE UNIVERSITY-SAN MARCOS
ORP/TDA Capital Transfer Verification Form
(01/09)

Name _____ Social Security No. _____

Contract No. _____

Full transfer of ORP _____ **and/or TDA** _____
account(s)

Partial transfer of ORP _____ **and/or TDA** _____
account(s)

For partial transfers, indicate the approximate dollar amount or percentage of the total you wish transferred: _____

Name/address of SURRENDERING carrier:

Name/address of RECEIVING carrier:

Employee Signature: _____ **Date:** _____

I certify that ORP accounts will be transferred to a corresponding ORP account.

Receiving Agent Signature: _____ **Date:** _____

I hereby certify that the receiving carrier named above is a Texas State University approved ORP/TDA carrier and the receiving agent is a Texas State University approved representative, thus the requested transfer may be completed. This agreement shall be considered legally binding to both parties.

Signature of Texas State University Representative: _____ Date: _____