**Instructions:** Return completed form to Human Resources: JCK 360, or fax 512.245.1942. Questions may be directed to hrbenefits@txstate.edu or call 512.245.2557.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Social Security No:** |  |
| **Contract No.** |  | **Texas State ID #:** |  |

|  |  |
| --- | --- |
| [ ]  Full transfer of ORP account(s) | [ ]  and/or TDA |
| [ ]  Partial transfer of ORP account(s) | [ ]  and/or TDA |
| *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:** |  |