



Texas Tech - Optional Retirement Plan (ORP) - In-Service Exchange

Request Date _____

Name _____ Employer _____

Plan _____ SSN _____

In-Service Exchange Request

Current Provider _____

New Provider _____

Requested Amount: Full Partial

% = _____ \$ = _____

(If you choose 'Partial,' fill one)

Participant Approval

I am aware that this request must be reviewed in order to determine that it complies with all plan provisions and regulatory guidance. I do hereby certify that all the information provided is true and complete to the best of my knowledge and belief.

I hereby authorize any selected investment provider(s) to verify any information regarding the request limited to sources identified herein. This authorization to verify and release information shall include, but not be limited to, past disbursement requests, account balances, employment status and all other information necessary to process the information.

I acknowledge that in order to complete this request I may need to provide additional paperwork to selected investment provider(s) along with this In-Service Exchange eligibility certificate.

Date _____

Employee Signature

Employer Approval

When this certificate is submitted to an investment provider along with the necessary paperwork, the investment provider is hereby authorized to contact other investment providers as noted on this certificate to verify any and all information.

The Employee is is not vested in ORP.

Date _____

Human Resources Signature