

**TEXAS TECH
TAX SHELTERED ANNUITY PROGRAM
COMPANY CERTIFICATION**

RETURN TO:
Director of Personnel
Texas Tech University
Box 41093
Lubbock, Texas 79409-1093

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TSA Company Certification
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1. Company Information

A. Company Name _____, herein referred to as "company".

B. Address of Company

C. Name and Title of Official Completing this Application

Phone () _____

2. Type of Company

_____ Insurance/Annuity Company

_____ National Bank

_____ State Bank

_____ Investment Company

_____ Other (Specify) _____

3. To be Completed by all Insurance/Annuity Companies

A. Do you certify that the above named company is qualified and admitted to do business in Texas in accordance with rules and regulations of the State Board of Insurance?
(Yes or No) _____

B. Type of Annuities to be offered:

_____ Fixed

_____ Variable

_____ Group

_____ Individual

C. Do you certify that the contract or policy to be offered has the approval of the Texas State Board of Insurance? **(Yes or No)** _____

4. To be Completed by all National Banks

A. Do you certify that the above named company is chartered to do business in Texas by the Controller of the Currency? **(Yes or No)** _____

B. Do you certify that the account to be offered has the approval of the U.S. Controller of the Currency? **(Yes or No)** _____

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5. To be Completed by all State Banks
- A. Do you certify that the above named company is chartered to do business in Texas by the State Banking Board? **(Yes or No)** _____
 - B. Do you certify that the account to be offered has the approval of the Texas State Banking Board? **(Yes or No)** _____
6. To be Completed by all Investment Companies
- A. Do you certify that the above named company has been approved to do business in Texas in accordance with requirements of the State Securities Board? **(Yes or No)** _____
 - B. Do you certify that the contract or policy to be offered has the approval of the Texas State Securities Board, pursuant to the Securities Act (Vernon's Texas Civil Statutes, Article 581-1 et seq.)? **(Yes or No)** _____
 - C. Do you certify that all contracts or accounts shall be offered in compliance with Securities and Exchange Commission Releases 33-6352 and IC-11960? **(Yes or No)** _____
7. To be Completed by all Companies
- A. Do you certify that the contracts, accounts, policies, and procedures to be used are qualified under Sections 401(g), 403(b), and 415 of the Internal Revenue Code, as amended? **(Yes or No)** _____
 - A. Do you certify that the procedures utilized will enable the contracts, accounts, or policies to retain Section 403 (b) tax sheltered status during the first year of employee participation under a salary reduction agreement? **(Yes or No)** _____
 - C. Do you certify that the contracts, accounts, policies, or other investment options to be offered do not contain a life insurance feature? **(Yes or No)** _____
 - D. Do you certify that the contracts, accounts, or policies are in accordance with all requirements of the Tax Sheltered Annuity Program as set forth in Article 6228a-5, Vernon's Texas Civil Statutes? **(Yes or No)** _____
 - E. Do you certify that there will be no minimum number of employees required for participation in the offered product? **(Yes or No)** _____
 - F. Do you certify that the company has received and that the company and its appointed representative will comply with the regulations contained within the Texas Tech Operating Policy and Procedure Manual regarding the Tax Sheltered Annuity Program, Op 70.09.? **(Yes or No)** _____
 - G. Do you certify that all agreements required by the company will be submitted to Texas Tech for approval? **(Yes or No)** _____

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- H. Do you certify compliance with rules for administration of retirement annuity programs adopted by the Coordinating Board, Texas College and University System? **(Yes or No)** _____
- I. Do you certify that any amendments to contracts, accounts, or policies mandated by the federal or state laws, regulations, revenue rulings, or opinions of the Attorney General of Texas will be made upon request of Texas? **(Yes or No)** _____
- J. Do you certify that contributions and new contracts entered into after September 25, 1981 (the date of Internal Revenue Ruling 81-225), will not have adverse tax consequences to participants and will provide tax sheltered status to contributions made, within the provisions of Section 403 (b) of the Internal Revenue Code, as amended? **(Yes or No)** _____
- K. Do you certify that your company will accept funds in the format specified by Texas Tech's operating policies and procedures and that the company will promptly adjust each employee's account and distribute the funds among the various options as may have been selected by the employee? **(Yes or No)** _____
- L. Do you certify that Texas Tech may make TSA contributions after the amount has been remitted to the company by a reduction of future transmittals made by Texas Tech and that the company will promptly reduce each so identified account and distribute the funds as directed by Texas Tech? **(Yes or No)** _____
- M. Do you certify that the company will be responsible for the actions of its officially appointed officers, agents, brokers, employees, or other representatives? **(Yes or No)** _____
- N. Do you certify that the annuity commencement date may be prior to, or subsequent to, a "normal" retirement age, in accordance with the annuitant's request? **(Yes or No)** _____
- O. Do you certify that all payments and benefits derived from contributions made after August 1, 1983, will be calculated without regard to the sex of the beneficiary? **(Yes or No)** _____
- P. Do you certify that the company will be responsible for processing all transfers in compliance with federal regulations and for providing employees with required notices describing the taxation of distributions, rollover rights, and withholding rules? **(Yes or No)** _____
- Q. Do you certify that the company will be responsible for processing all withdrawals of contributions in compliance with federal regulations and for providing employees with required notices describing the taxation of distributions, rollover rights, and withholding rules? **(Yes or No)** _____
- R. Do you certify that all basic procedural and administrative practices are in compliance with the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), the Federal Deficit Reduction Act of 1984 (DEFRA), the Retirement Equity Act of 1984 (REACT), the Tax Reform Act of 1986 (TRA), the Small Business Job Protection Act of 1996 (SBA), and the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA)? **(Yes or No)** _____

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- S. Do you certify that the company will be primarily responsible for the defense of any suit against Texas Tech resulting from the actions of the company or from the actions of any representatives of the company or from the design of any representatives of the company or from the design of the company's program? Such responsibility includes any awards, court costs, attorney's fees, damages, or other expenses required as a result of the suit and/or suits, against Texas Tech. Such suits may include, but are not limited to; tax issues, sex or age discrimination issues resulting from the design of the Company's program, the misplacement of funds sent to the Company by Texas Tech but not properly credited, misinformation or misrepresentation by the company or any representative company, or any other issue arising from the company's program.
(Yes or No) _____
8. Attach a copy of presently proposed contracts.
9. How often are statements of accounts sent to individual participants?
_____ Include a sample.
10. Please provide name, title, and address of the official to be responsible for overall contract administration.
Name _____
Title _____
Address _____
Phone _____
11. Please provide name, title, and address of the official to be responsible for representative certification and supervision. If no representatives are to be appointed, please provide information for official to be responsible for providing enrollment and problem resolution services to employees.
Name _____
Title _____
Address _____
Phone _____
12. Please provide Federal Tax Identification Number _____
13. Please provide name, title, and address of the official to be responsible for the employee contributions and for maintaining accurate records for each participant.
Name _____
Title _____
Address _____
Phone _____

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14. I certify that all of the above are answered true and correct and that I am authorized to bind the company to these certifications.

Date

Signature of Official Named in Question 1.C.