TEXAS TECH UNIVERSITY SYSTEM

ORP/TSA Transfer Request

DARTICIDANT		
	PARTICIPANT	
Name of Participant (please print)		Social Security Number
I hereby authorize a:	Full Transfer of ORPand/or TSA	_account(s)*
	Partial Transfer of ORPand/or TSA _	account(s)
For partial transfers, indicate dollar amount or percentage of total to be transferred:		
* Please note: The surrendering company will close your account based on your request for a full transfer; therefore, the ORP Salary Reduction Acknowledgment/Change of Company Form and/or TSA Salary Reduction Agreement must be completed in order to direct future payroll contributions to the new/receiving company.		
Participant's Signature		Date
RECEIVING COMPANY		
Company Name (please print)		
Mailing Address		
According to IRS Ruling 90-24, transfers must be (1) direct and (2) the transferred funds must continue to be subject to the same or more stringent early distribution rules.		
According to TTUS ORP/TSA policies (1) it is the receiving company's responsibility when accepting ORP funds to identify the amount of those funds contributed by the employee on an after-tax basis and to establish records which accurately track and report those funds to the employee upon retirement or withdrawal, and (2) in the event benefits are made available to the employee without proper authorization from TTUS, the company will be required to redeposit the funds to the employee's account as if no withdrawal had been made.		
I certify that this transfer will be processed in accordance with these regulations.		
Signature of Company Representa	ative	Date
SURRENDERING COMPANY		
Company Name		Account #
TO BE COMPLETED BY TTUS		
TTUS hereby authorizes the above transfer in accordance with TTUS policies, Coordinating Board Rules and Regulations, and Federal laws.		
This employee account is Vested Not Vested		
Signature of Personnel/Human Resources Representative		Date
Signature of Payroll Representative		Date