Blinn College
ORP Transfer Verification Form

INSTRUCTIONS
1. Complete Section A as appropriate, then sign Section B
2. Complete information about receiving vendor representative in Section C. (Required if using individual vendor representative)
3. Attach receiving vendor’s transfer request
4. Make a copy for your records
5. Return to the Human Resources office

A. TRANSFER INSTRUCTIONS
I authorize a:  ☐ Full transfer of ORP  *
☐ Partial transfer of ORP

*Please note: The surrendering vendor will close your account based on your request for a full transfer; therefore, the ORP Salary Reduction Acknowledgement/Change of Vendor Form must be completed in order to direct future payroll contributions to the new/receiving vendor.

For partial transfers, indicate the dollar amount or percent of total to be transferred:

ORP Contract or Account # ______________________________________

Investment Option/Fund Name ____________________________________ % or $ __________
Investment Option/Fund Name ____________________________________ % or $ __________
Investment Option/Fund Name ____________________________________ % or $ __________
Investment Option/Fund Name ____________________________________ % or $ __________
Investment Option/Fund Name ____________________________________ % or $ __________
Investment Option/Fund Name ____________________________________ % or $ __________
Investment Option/Fund Name ____________________________________ % or $ __________
Investment Option/Fund Name ____________________________________ % or $ __________
Investment Option/Fund Name ____________________________________ % or $ __________

TOTAL  % or $ __________

From: ____________________________________________________________________________
Name of surrendering vendor

To: ______________________________________________________________________________
Name and address of receiving vendor

According to IRS Ruling 90-24 dated Feb. 21, 1990, transfers must be direct transfers and the transferred funds must continue to be subject to the same, or more stringent, early distribution rules.
B. EMPLOYEE SIGNATURE

I understand that the account(s) I am transferring may be subject to surrender charges, contingent deferred sales charges or other fees from the surrendering vendor. I authorize the surrendering vendor to liquidate my account and transfer the assets as described above and any subsequent funds that may be received for deposit in this account, if liquidation of investments is necessary to process the transfer.

I understand that I bear the risk of the performance of the product(s) I select, that Blinn College no fiduciary responsibilities in this area, and that Blinn College is not liable for any tax consequences occurring under these programs.

_______________________________________________________________     ______________________________
Employee signature                                               Date

C. RECEIVING VENDOR INFORMATION

_______________________________________________________________            ______________________________________
Name of Representative                                          Company

_________________________________________        _______
Telephone number                                                Fax number
_______________________________________        _____________________________________________
Email address

FOR HUMAN RESOURCES USE ONLY

☐ I hereby certify that the receiving vendor named above is an active Blinn College ORP vendor and the receiving representative is an authorized vendor representative; thus the requested fund transfer may be completed. I also certify that the above employee ☐ does or ☐ does not have a vested interest in the state’s matching contribution

☐ I hereby certify that the receiving vendor is an inactive vendor to which the employee is currently making monthly contributions through payroll deductions

This application is being returned for the following reason(s):
☐ The receiving vendor named above is not an active Blinn College ORP
☐ The receiving representative is not an authorized ORP vendor representative

______________________________________________     ____________________
Name and title                                               Signature                                             Date