



Blinn College ORP Transfer Verification Form

Name (print)

Social Security number

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 \$ _____
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		
<input type="checkbox"/> 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 <input type="checkbox"/> does or <input type="checkbox"/> does not have a vested interest in the state's matching contribution		
<input type="checkbox"/> 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):		
<input type="checkbox"/> The receiving vendor named above is not an active Blinn College ORP		
<input type="checkbox"/> The receiving representative is not an authorized ORP vendor representative		
_____ Name and title	_____ Signature	_____ Date