

The Texas A&M University System
ORP Notification of Change in Employment Status

HR 15 ()

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name (Print)

Social Security number

Department

Institution or agency name

List ORP vendor names for all ORP accounts currently or previously held during your A&M System employment.
be effective (mm/dd/yy) _____ at the following Texas public institution of higher education:

Name of college or university

City

I understand that due to my continued employment in a Texas public institution of higher education, distribution of the ORP funds contributed during my employment with the A&M System is not permitted at this time. However, plan-to-plan transfers and contract exchanges are permitted.

q Permanently terminating employment: I certify that I have/will permanently terminate(d) my employment in The Texas A&M University System on (mm/dd/yy) _____ and I do not contemplate future employment with the A&M System. I further certify that I do not have an employment contract, oral or written, with any other public institution of higher education in Texas. I acknowledge it is my responsibility to contact my ORP vendor for access to my ORP account.

q _____ (mm/dd/yy) _____. I acknowledge it is my responsibility to establish a distribution plan with my ORP vendor.

q Continuing employment after age 70½ (distribution requested): I certify that my date of birth is (mm/dd/yy) _____ and that I will attain the age of 70½ during the month of (mm/dd/yy) _____. I understand that while still employed in a public (state) institution I am exempt from federal minimum distribution requirements.

q Death of employee (to be completed by Human Resources or Payroll office): Date of death: _____
Beneficiary of record and vendor are authorized to enter into settlement option agreements.

Employee signature (if completed by employee)

Date

B. Your Human Resources or Payroll office will complete this section and submit this form to each ORP vendor listed above.

I certify that the individual named above:

- q Changed employment to another Texas public institution of higher education that offers ORP and therefore may access his/her ORP account until he/she terminates employment from that and all other Texas public institutions of higher education.
- q Ceased to be an employee, attained retiree status, will reach age 70½, or has died, as indicated, and therefore the ORP account can be accessed.

He/she enrolled in this program on (mm/dd/yy) _____ q does or q does not have a vested interest in the state's matching contribution. If the employee does not have a vested interest in the state's matching contribution, you are hereby instructed to return the state's matching contribution in the amount of _____ to the attention of the person stated below at the following address: _____.

Name and title

Signature

Date