

**Sam Houston State University**  
**Optional Retirement Program (ORP) & Supplemental Retirement Program (SRP)**  
**Capital Transfer Form**

**Instructions:** This form should be mailed return receipt certified and used with the qualified retirement vendor forms. Carriers are required to accept this form. ORP transfers should be completed within ten days after receipt of this form by the surrendering carrier. Failure to process the transfer can result in suspension as a 403(b) plan vendor. **THE CARRIERS AND EMPLOYEE ARE RESPONSIBLE FOR THIS TRANSFER AND ANY ADDITIONAL FORMS.** An account should not be closed prior to the last contributions report corresponding to the signature date for full transfer. Subsequent contributions in route should be forwarded to the receiving company on behalf of the employee. This must be a tax-free transfer in accordance with current 403(b) IRS codes. Also, the action must comply with Texas ORP/SRP rules and regulations. Finally, knowledge of the employee's ORP vesting status is not required to process this transfer.

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**SECTION I: TRANSFER INFORMATION**

Employee Name: \_\_\_\_\_ SS# \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Department: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_  
ORP CONTRACT #: \_\_\_\_\_ SRP CONTRACT #: \_\_\_\_\_  
Full Transfer: ORP \_\_\_\_\_ SRP \_\_\_\_\_  
Partial Transfer: ORP (\$ or %) \_\_\_\_\_ SRP (\$ or %) \_\_\_\_\_  
Vesting status if required by receiving agency: \_\_\_\_\_

**SURRENDERING CARRIER**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/St./Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**RECEIVING CARRIER**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/St./Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*I hereby acknowledge if there is a loan outstanding on a SRP account that there may be tax implications and that I am responsible for making arrangements with the companies; that there may be additional company disclosure/transfer forms to complete; that there may be non-refundable surrender charges; and, that I bear the risk of my chosen product's performance and that SHSU and the Texas State University System has no fiduciary responsibility.*

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**SECTION II: RECEIVING COMPANY TRANSFER ACKNOWLEDGMENT**

*I certify that all the necessary forms will be processed and that the transfer will be in accordance with Texas ORP/SRP regulations, and IRS 403(b) plan codes.*

**Receiving Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**SECTION III: UNIVERSITY ACKNOWLEDGMENT**

*Complete this section only when required by either the surrendering or receiving company. The following signature serves as an acknowledgment that the above is a university employee, and does not guarantee any current or future event(s). All transfers should be in accordance with Texas ORP/SRP regulations, and IRS 403(b) plan codes.*

SHSU P. O. Box 2356, Huntsville, Texas 77341-2356 Phone: 936-294-1872 Fax: 936-294-3611

**SHSU Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_