

The Texas A&M University System  
ORP/TDA Representative Acknowledgment Form

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

INSTRUCTIONS

- 1. Prospective representative should complete Section I and forward to vendor.
2. Vendor should complete Section II and mail to the Retirement Coordinator, The Texas A&M University System, System Benefits Administration, A&M System Building, Suite 1120, 200 Technology Way, College Station, TX 77845-3424 or fax to (979) 458-6190.
3. The Retirement Coordinator will provide written acknowledgment to the vendor. New representatives may not contact A&M System employees until after the vendor has been notified that the representative is accepted by the A&M System.

SECTION I

To: Vendor name

I request appointment as your representative to The Texas A&M University System for the following retirement programs (check one): ORP and TDA TDA only

Full name (print) Title

Broker/Dealer/Company name

The following is a: Business Address Home Address

Complete mailing address (Street, City, State, Zip Code)

Telephone number Fax number Email address

Check all applicable responses

- Designations: CFP, ChFC, CLU, CAP, CFA
Licenses & Registrations: Attorney, Health Insurance, Life Insurance, P/C Insurance, Variable Annuity, Registered investment advisor
NASD Examinations: Series
Memberships: American Society of CLU/ChFC, ICFP, MDRT, NALU, NAPFA

I certify that, as a prospective authorized representative, I have received a copy of The Texas A&M University System plan document for the Optional Retirement Program (ORP) and/or Tax-Deferred Account (TDA) Program and will abide by all A&M System solicitation restrictions and procedures set forth in them. I will not intentionally present any false or misleading information regarding any product(s) offered by my company or any other vendor. I certify that I am currently licensed in the State of Texas and by the NASD to sell 403(b)(1) and/or 403(b)(7) products. Failure to follow the Administrative Procedures may result in the loss of privilege to market ORP and/or TDA contracts to A&M System employees.

Signature Date

SECTION II

I hereby request approval for the appointment of the above-named individual to represent my company to eligible A&M System employees in connection with the ORP and/or TDA Program. I certify that I forwarded to the representative a copy of The Texas A&M University System plan documents for the ORP and/or TDA Program. I understand that my company is responsible for ensuring this individual complies with all A&M System requirements stated in the plan document.

Signature of representative designator/primary contact Print name of representative designator/primary contact