

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

HR 13 (9/07)

*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*

\_\_\_\_\_  
*Telephone number* *Fax number* *Email address*

### Check all applicable responses

Designations:	Licenses & Registrations:	NASD Examinations:	Memberships:
<input type="checkbox"/> CFP	<input type="checkbox"/> Attorney	<input type="checkbox"/> Series _____	<input type="checkbox"/> American Society of CLU/ChFC
<input type="checkbox"/> ChFC	<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Series _____	<input type="checkbox"/> ICFP
<input type="checkbox"/> CLU	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Series _____	<input type="checkbox"/> MDRT
<input type="checkbox"/> CAP	<input type="checkbox"/> P/C Insurance	<input type="checkbox"/> Series _____	<input type="checkbox"/> NALU
<input type="checkbox"/> CFA	<input type="checkbox"/> Variable Annuity	<input type="checkbox"/> Series _____	<input type="checkbox"/> NAPFA
	<input type="checkbox"/> Registered investment advisor		

I certify that, as a prospective authorized representative, I have received a copy of The Texas A&M University System Vendor Specifications 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 Vendor Specifications 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 Vendor Specifications 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 Vendor Specifications.

\_\_\_\_\_  
*Signature of representative designator/primary contact* *Print name of representative designator/primary contact*