

TDA Notification of Change in Employment Status

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 TDA vendor names for all TDA accounts currently or previously held during your A&M System employment.

INSTRUCTIONS

1. Complete appropriate items in Section A, then sign and date the form.
2. Make a copy for your records.
3. Return to your Human Resources or Payroll office.

A. Check the status change that applies to your situation and complete the information in that section.

- Terminating employment: I certify that I have/will terminate(d) my employment in The Texas A&M University System on (mm/dd/yy) _____. I acknowledge it is my responsibility to contact my TDA vendor for access to my TDA account.
- Retiring and terminating active employment: I certify that I am eligible for A&M System retirement, to become effective on (mm/dd/yy) _____. I acknowledge it is my responsibility to establish a distribution plan with my TDA vendor.
- Continuing employment after age 59½ (distribution requested): I certify that my date of birth is (mm/dd/yy) _____ and that I will attain the age of 59½ during the month of (mm/dd/yy) _____.
- 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 TDA vendor listed above.

I certify that the individual named above:

- Ceased to be an employee, attained retiree status, will reach age 59½, or has died, as indicated, and therefore the TDA account can be accessed.

The account must not be closed prior to receipt of our contribution report for the month ending _____.

Name and title

Signature

Date