COMPANY ADMINISTRATIVE PROCEDURES

All Optional Retirement Program (ORP) companies must adhere to the following procedures. Failure to follow these procedures may result in the loss of the privilege to market ORP contracts to TTUS employees.

A. ELIGIBILITY FOR ORP PARTICIPATION

TTUS will determine which employees are eligible for ORP based on ORP eligibility standards of state law and the Texas Higher Education Coordinating Board.

B. ENROLLMENT PROCEDURES

The following forms must be completed and submitted to the appropriate TTUS component Personnel/Human Resources Department (see Exhibit E-2) by either the employee or the company representative. All forms are provided in Exhibit E-4.

1. TTUS ORP Salary Reduction Acknowledgement/Change of Company form and ORP Information Acknowledgement Form.

2. A copy of the company enrollment/application form (if available).

3. Notice of Election to Participate in the Optional Retirement Program form (TRS 28) and Application for Refund form (TRS 29), if the employee is participating in TRS.

C. EFFECTIVE DATE OF PARTICIPATION (PAYROLL DEADLINES)

1. The effective date will be the date of hire provided all necessary and properly executed forms are signed, received by the Personnel/Human Resources Department, and processed before payroll has run for that month. Forms received after the monthly payroll calculation will be effective on the first of the following month.

2. Any company enrollment/application form or Salary Reduction Acknowledgment/Change of Company form that is submitted incorrectly or incompletely will be returned to the submitting party immediately. The employee and representative are responsible for resubmitting the corrected forms within the employee's eligibility period. The final complete and correct application submission will determine the employee's effective date of participation.

D. WITHDRAWAL OF TEACHER RETIREMENT SYSTEM (TRS) CONTRIBUTIONS

An employee who elects to participate in the ORP must withdraw his or her contributions (plus interest) from the TRS. The employee must submit a properly completed Application for Refund Form (TRS 29) to his/her TTUS component Personnel/Human Resources Department.

E. PROCEDURE FOR CHANGING THE ORP COMPANY

1. A change of company is the only change a participant can make after the initial election to participate in ORP.

2. Participants can change companies by submitting a new ORP Salary Reduction Acknowledgment/Change of Company form and enrollment/application form from the new company to the appropriate TTUS component Personnel/Human Resources Department. The change will be effective on the first day of the month, provided all necessary and properly executed forms are signed, received by the Payroll Department, and processed before payroll has run for that month. Forms received after the monthly payroll calculation will be effective on the first of the following month.
F. TRANSFER OF EXISTING ORP FUNDS

Total transfers of ORP funds, partial transfers of funds, and transfers between a 403(b)(7) account (mutual fund) and a 403(b)(1) account are permitted. Transfers are only permitted to ORP companies that have been approved by the TTUS Board of Regents. The following procedure applies to partial as well as total ORP fund transfers:

1. Receiving company's/employee's responsibilities:
   a. The receiving company completes its rollover/transfer form, including the account number, address where the funds should be sent, and other information appropriate for each company. Employees may not transfer funds to a grandfathered company unless that employee is currently making monthly ORP contributions through payroll deduction to that company.
   b. An ORP/TSA Transfer Request form must be completed (see Exhibit E-4). An ORP account must be transferred to a corresponding ORP account with the receiving company. The ORP/TSA Transfer Request form must include the receiving company information, including the name of the company representative who is authorized by TTUS. The company representative name is not required if the employee is transferring funds to a company that does not have individual company representatives. (TSA refers to 403(b) Tax-Sheltered Account Program.)
   c. Both the receiving company's rollover/transfer form and the ORP/TSA Transfer Request form should be forwarded to the appropriate TTUS component Personnel/Human Resources Department.

2. TTUS component Personnel/Human Resources Department responsibilities:
   a. Upon receipt of the ORP/TSA Transfer Request form, the TTUS component Personnel/Human Resources Department will verify that the receiving company is an active ORP company and forward it to the TTUS Payroll Department.
   b. The approved ORP/TSA Transfer Request form, with the attached receiving company's rollover/transfer form, is forwarded by the TTUS Payroll Department to the surrendering company. The forms will be returned to the employee if the receiving company is not an approved ORP company or if the representative is not approved by TTUS.

3. Surrendering company's responsibilities:
   a. The surrendering company must receive a completed ORP/TSA Transfer Request form certified by the appropriate TTUS component Personnel/Human Resources Department and Payroll Department, prior to making any transfers. If unauthorized transfers are made, the TTUS has the right to require the surrendering company to recover the funds or make the account whole.
   b. Upon receipt of the completed ORP/TSA Transfer Request form and the receiving company's rollover/transfer form, the funds must be transferred directly to the receiving company within seven (7) working days. The surrendering company may not delay transfers by requiring additional paperwork or signatures or through some other means. However, the surrendering company may require a signature guarantee or medallion guarantee.
   c. If a total transfer is completed by the surrendering company (i.e., the total account value is transferred to the receiving company) and if additional funds are subsequently received by the surrendering company, the surrendering company is responsible for transferring those funds directly to the receiving company.

G. ORP DISTRIBUTION RULES
1. A distribution of funds will only be made upon the occurrence of a distributable event, defined in Title 8, Section 830.105 of the Texas Government Code as follows:
   a. Death
   b. Retirement (including disability retirement)
   c. Termination of employment in all public institutions of higher education in Texas
   d. Attainment of age 70 ½

2. Distributions may only be made by the company upon receipt of a properly completed and signed Notice of Final Deposit and Request for Settlement form that has been certified by the Payroll Department. All applicable company cash surrender forms, as well as surrender checks, should be sent directly to the former employee of the TTUS. Employer contributions made on behalf of an employee who does not meet the program's vesting requirements at the time of distribution shall be refunded to the Payroll Department by check along with written notice identifying the employee(s) affected and the amount(s) being remitted.

3. Distributions under a Qualified Domestic Relations Order may be made based on the procedures stated below.

H. QUALIFIED DOMESTIC RELATIONS ORDER (QDRO) PROCEDURES

A Domestic Relations Order is a notice of entitlement that awards an interest in the ORP account value to an alternate payee. Title 8, Chapter 804 of the Texas Government Code, makes the company responsible for qualifying a Domestic Relations Order and administering benefits in accordance with the Code. The following procedure should be used when executing a QDRO for a TTUS ORP participant.

1. Employee/alternate payee's responsibility: Domestic Relations Order decree must be sent to the employee's ORP company to determine if the order meets the criteria for a "Qualified" Domestic Relations Order (QDRO).

2. Company's responsibilities:
   a. Determine if the Domestic Relations Order meets the criteria established in Chapter 804. The company will communicate the results of its determination to the employee and alternate payee in writing, sending a copy of the determination to the employee's TTUS component Personnel/Human Resources Department.
   b. If the Order is "qualified", execute the provisions of the order.

3. TTUS component Personnel/Human Resources Department responsibilities:

   When notified by a company that a Domestic Relations Order is a QDRO, the TTUS component Personnel/Human Resources Department should place a copy of the notice in the employee's benefits file.

I. TRANSMITTAL OF FUNDS

1. TTUS's remittances, submitted by the third (3rd) working day of each month via paper check from the Payroll Department, will be accepted. In the event TTUS becomes able to transmit electronic funds via ACH, the company will accept payment via electronic funds transfer (ACH format).

2. Remittances to the participant's account(s) will be credited upon receipt of the paper check or electronic funds transfer (crediting to the account means processing the trade within one business day or depositing the contribution into an interest bearing account for the benefit of the participant if the trade cannot be processed within one business day). Certification of receipt and posting is to be
sent to the Payroll Department. Remittance acknowledgments and account statements are to be sent directly to the participant no less than quarterly.

3. Funds that cannot be posted because the employee has not opened an account will be returned to the TTUS Payroll Department with written notice identifying the employee(s) and amount(s).

4. TTUS's remittance reports, sent to the company by the third (3rd) working day of the month, will be accepted in paper format. (see Exhibit E-3) At such time as electronic file format is available companies will be given the option of receiving the report in that format.

5. Corrections based on payroll or administrative errors will be reflected in remittance reports as negative contribution amounts and will be made by the company upon receipt of remittance. The company may contact the TTUS Payroll Department for additional information regarding the correction, but may not delay posting of remittances to other participants' accounts based on the negative amount. If funds cannot be posted to participants' accounts upon receipt for any reason, posting must be made retroactive to the date of receipt, once the posting problem is resolved.

6. Fund transfers will be accepted from other approved ORP companies and made to other ORP companies or in the case of qualified service repurchase agreements, to TRS. All transfers will be direct transfers in accordance with IRS Revenue Ruling 90-24 and the Company Administrative Procedures, Item F.

7. Contributions will be accepted only from the TTUS Payroll Department and only for amounts authorized or required by Texas law. No other funds may be deposited into an ORP account. (Transfers from an ORP account with one approved company to an ORP account with another approved company are acceptable for deposit.)

J. REPORTING PROCEDURES

1. Each company must submit, at least annually, a report or reports directly to each participant containing:

   a. For all accounts:

      (1) Name and address of participant
      (2) Identifying number
      (3) Total payments received this reporting period
      (4) Expense charges this reporting period
      (5) Net payments this reporting period
      (6) Total value of account at end of this reporting period
      (7) Net cash surrender value of account at end of this reporting period reflecting all potential charges against the account if it were surrendered for cash as of the last day of this reporting period
      (8) Asset Allocation
      (9) Graphical representation of their account investments
      (10) Personalized rate of return

   b. For fixed annuity accounts, submit the following additional information:

      (1) Interest rate or rates paid on this account from the previous reporting period to the end of the current reporting period
      (2) Where multilevel rates of interest were paid on an account, a breakdown showing the amount in the participant's account at each interest level, the amount of interest earned at each interest level, and the rates of interest

   c. For variable annuity and custodial accounts, submit the following additional information:

      (1) Units of each fund or investment or account purchased this reporting period
      (2) Total units of each fund or investment in the account at end of this reporting period
(3) The value of each unit of each fund or investment or account for this reporting period

2. Each company must submit confirmation of receipt of funds (remittance acknowledgment) directly to each participant at least quarterly. The report shall contain the date and amount of each payment received during the reporting period. All funds received as outlined in Company Administrative Procedures, Section F, must be acknowledged within seven (7) days of receipt.

3. Each company must, immediately upon execution of a transfer from one fund or investment account to another fund or investment account, submit a confirmation directly to the participant. This confirmation shall include all transfer information, including a statement of the charges made for the transfer, if any. All transfers must be completed within seven (7) days of receipt of a properly executed request for transfer.

4. Company literature such as Annual Reports and Proxy Statements will be mailed directly to the participant's permanent address.

K. SOLICITATION PROCEDURES

1. Only representatives authorized in writing by an officer of approved ORP companies and approved by TTUS are permitted to conduct business with eligible employees.

2. Representatives are not authorized to initiate contact with employees, but will be contacted by employees seeking to obtain information and forms for the program of their choice.

3. Representatives will not initiate contact with employees under the guise of marketing a non-ORP product and then make an ORP sales presentation to an employee.

4. Approved ORP companies will not use the TTUS or its components' name on any communications materials unless explicitly approved by TTUS.

5. Representatives are permitted to make sales presentations to eligible employees on the TTUS premises only at the employee's request and with the approval of the employee's supervisor, at the yearly benefits fairs, or at the semi-annual on-site new hire orientation support dates.

6. Representatives from approved ORP companies are required to be on-site at each of the campus sites twice each year in addition to the Benefits Fair. The dates will be determined annually by TTUS.

7. Representatives from approved ORP companies may attend a benefits fair held at TTUS campuses in order to acquaint employees with their products and services. Participation at a benefits fair may require a nominal fee (currently less than $500).

8. No unsolicited visits, bulk mailings, telephone, or e-mail solicitations are permitted to campus offices.

9. The providing of gifts or monetary rewards in exchange for information on newly hired employees is prohibited.

10. Representatives are considered guests while on TTUS premises and are expected to comply with all applicable rules and regulations, including parking regulations. Excessive parking violations may result in the loss of solicitation privileges.

11. TTUS employees are not allowed to provide copying or typing assistance, notary or other clerical service to representatives conducting business in TTUS buildings.

12. Approved TTUS ORP companies may supply sales literature to the TTUS component Personnel/Human Resources Departments.

L. COMPANY ADMINISTRATIVE CHANGES
1. Changes to existing information:

The TTU Personnel Office must be notified in writing of any changes to the information provided by the company on the Administrative Contacts Information form submitted to TTUS in conjunction with its initial Company Certification of Compliance. The notification should be provided by the individual with primary responsibility for overseeing compliance with these Company Specifications (the Primary Contact). If the notification involves a change in Primary Contact, it must be signed by the previous Primary Contact's immediate supervisor.

2. Adding representatives:

The TTU Personnel Office must receive a completed Representative Acknowledgment Form that has been signed by the prospective representative and one of the individuals assigned as a Representative Designator or Primary Contact by the company. The TTU Personnel Office will notify the company and the various TTUS component Personnel/Human Resources Departments of the addition if approved. New representatives may not contact TTUS employees until after the company has been notified that the addition is approved.

A company may make three (3) representative appointments per geographic location, Lubbock, Amarillo, El Paso, Midland-Odessa, where 200 or more TTUS employees are actively participating; otherwise the number of representative appointments are limited to two (2).

3. Send a notice of change and/or requests to add or drop representatives to:

   James A. Brown  
   Managing Director of Personnel  
   Texas Tech University  
   Box 41093  
   Lubbock, TX 79409  
   Phone (806) 742-3851, ext. 222  
   Fax # (806) 742-1371

M. ORP PARTICIPATION STANDARDS

TTUS maintains a list of approved and grandfathered providers for the ORP. The approved list contains those providers who are currently permitted by TTUS to enroll new participants in their plans. The grandfathered list is composed of providers who are not permitted to enroll new participants in their plan, but continue to receive monthly contributions from existing participants. In this section, new accounts refers to existing ORP participants who initiate a new account with your company or new ORP participants, and active contributions refers to those employees for whom you receive monthly remittances. Providers will be reviewed periodically to determine if they may remain on the approved and grandfathered lists according to the following criteria:

Approved Providers:
New Approved Providers must maintain a minimum of 15 actively contributing participants by the end of their second year and each calendar year thereafter.

If a provider fails to meet this standard, that provider will be removed from the approved list and placed on the grandfathered list effective February 28 following the year of non-compliance.

Grandfathered Providers:
All grandfathered providers will continue to receive monthly remittances from existing participants, but are restricted from soliciting new business. Once a grandfathered provider no longer has a contributing participant, the provider will be removed from the grandfathered list. Grandfathered providers are required to continue to abide by these provider specifications.

N. RECERTIFICATION PROCEDURE
In order to maintain the privilege of conducting ORP business, the company will periodically be required to certify agreement with changes to the specifications or to resubmit the information contained in the initial application.

1. The TTUS is responsible for initiating the request for recertification. A written notice, including the current Company Specifications, will be sent to the Primary Contact for the company. The notice will include instructions and a response deadline.

2. Failure to respond in a timely fashion may result in loss of solicitation privileges.

O. PROCEDURE FOR TERMINATING COMPANY PARTICIPATION IN THE ORP

1. TTUS may terminate a company’s participation in the ORP by sending a written notice to the Primary Contact for the company at least 60 days in advance of the termination date.

2. A company may terminate participation in the ORP by sending a written notice to each participant in the program and the TTU Personnel Office at least 60 days in advance of the termination date.
TEXAS TECH UNIVERSITY SYSTEM
ORP
Exhibits to Company Administrative Procedures

Exhibit E-1  Selected Texas Attorney General's Opinions

Prepared by the Texas Higher Education Coordinating Board (rev. 05/99) and serves as general information regarding ORP administration.

Exhibit E-2  TTUS Personnel/Human Resources/Payroll Addresses

This information is to be used by authorized representatives and other company contacts for submitting completed ORP or TSA forms and contacting specific TTUS components for remittance, vesting letter or other participant questions.

Exhibit E-3  TTUS Payroll Forms

These forms will be submitted by the TTUS Payroll Department to the Company's Remittance Contact, as needed

Exhibit E-4  ORP Forms

These forms are to be used by the Primary Contact, Representative Designator and all authorized company representatives, as needed. Originals should be copied.
# Selected Attorney General's Opinions*

<table>
<thead>
<tr>
<th>AGO #</th>
<th>Date</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>M-1960</td>
<td>2/68</td>
<td>Validity of certain sections of ORP act.</td>
</tr>
<tr>
<td>M-420</td>
<td>06/69</td>
<td>ORP vesting: effective after one year and can be with more than one company, but only one institution (revoked by H-99, 1973).</td>
</tr>
<tr>
<td>M-595</td>
<td>03/70</td>
<td>No life insurance in ORP contracts (revoked by MW-244, 1980).</td>
</tr>
<tr>
<td>M-647</td>
<td>06/70</td>
<td>Teachers and auxiliary employees must be member of either TRS or ORP; if return to TRS, cannot receive TRS credit for time in ORP.</td>
</tr>
<tr>
<td>M-1027</td>
<td>12/71</td>
<td>No series of elections: only one-time choice between TRS and ORP.</td>
</tr>
<tr>
<td>H-99</td>
<td>09/73</td>
<td>Revokes a section of M-420 on ORP vesting: can be with more than one institution.</td>
</tr>
<tr>
<td>H-371</td>
<td>08/74</td>
<td>Only one election; if choose, then have educational absence, cannot choose again upon return.</td>
</tr>
<tr>
<td>H-532</td>
<td>02/75</td>
<td>Benefits available only upon termination, retirement, death or total disability; transfers allowed but benefits must remain unavailable.</td>
</tr>
<tr>
<td>H-1060</td>
<td>09/77</td>
<td>Can transfer from one ORP to another as long as not used as access to benefits.</td>
</tr>
<tr>
<td>H-1184</td>
<td>06/78</td>
<td>One-time option to participate in ORP; ISD employees not eligible.</td>
</tr>
<tr>
<td>H-1277</td>
<td>12/78</td>
<td>Governing board may not make a rule defining &quot;full-time&quot; employment for ORP eligibility purposes to mean TRS definition of &quot;one-half time or more of standard workload&quot;; must use &quot;plain language&quot; interpretation of full-time (100%).</td>
</tr>
<tr>
<td>MW-244</td>
<td>09/80</td>
<td>1973 amendments to ORP statute allow incidental death benefits as defined in IRS Revenue Ruling 70-581 (revokes M-595, 1970).</td>
</tr>
<tr>
<td>MW-548</td>
<td>12/82</td>
<td>Governing board may provide for 403(b) investments such as mutual funds, money market funds or fixed or variable annuities; benefits are available only upon termination; legislature intended a single system of regulation for ORPs.</td>
</tr>
<tr>
<td>JM-691</td>
<td>05/87</td>
<td>Institutions can limit the number of ORP companies but not TSA companies (interpretation of HB 1824, 1985).</td>
</tr>
<tr>
<td>LO-88-88</td>
<td>08/88</td>
<td>Vesting issues should be resolved by the institutions, not AG.</td>
</tr>
<tr>
<td>JM-1151</td>
<td>03/90</td>
<td>Rider 31 of Art. III of FY90-FY91 General Appropriations Act is invalid to extent it attempts to expand class of ORP-eligible employees (TAMU extension employees).</td>
</tr>
<tr>
<td>LO-93-48</td>
<td>06/93</td>
<td>If provisions allowing a different rate of state contributions to TRS and ORP were challenged as violating the equal protection clause of the 14th amendment of the U.S. Constitution, a court would probably use the rational basis test to determine their validity.</td>
</tr>
<tr>
<td>DM-271</td>
<td>11/93</td>
<td>ORP statute permits institutions to limit vendors and scrutinize the quality of their products.</td>
</tr>
<tr>
<td>LO-96-133</td>
<td>12/96</td>
<td>The General Appropriations Act's prohibition on institutional use of local funds to supplement state contribution for ORP participants hired since 09/01/95 is not unconstitutional.</td>
</tr>
</tbody>
</table>

*Prepared by the Texas Higher Education Coordinating Board (rev. 05/99)*
Texas Tech University
Personnel Department
Box 41093
Lubbock, TX 79409-1093
(806) 742-3853

Texas Tech University
Payroll Department
Box 41092
Lubbock, TX 79409-1092
(806) 742-3211

Texas Tech University Health Sciences Center
Human Resources Department
3601 4th Street
Lubbock, TX 79430
(806) 743-2865

Texas Tech University Health Sciences Center
Human Resources Department - CMHC
3223 South Loop 289, Suite 215
Lubbock, TX 79423
(806) 793-0791

Texas Tech University Health Sciences Center
Human Resources Department
1400 Wallace Boulevard
Amarillo, TX 79106
(806) 354-5410

Texas Tech University Health Sciences Center
Human Resources Department
4800 Alberta Avenue
El Paso, TX 79905
(915) 545-6694 Ext 286

Texas Tech University Health Sciences Center
Human Resources Department
800 West 4th Street
Odessa, TX 79763
(915) 335-5112

(This information is to be used by authorized representatives and other company contacts for submitting completed ORP or TSA forms and contacting specific TTUS components for remittance, vesting letter or other participant questions.)
Optional Retirement Payee Report

ORP/TSA Notice of Final Deposit and Request for Settlement

ORP Notice of Final Deposit and Request for Refund of Non-Vested Employer Contribution

(These forms will be submitted by the TTUS Payroll Department to the Company's Remittance Contact, as needed.)
## OPTIONAL RETIREMENT PAYEE REPORT

FOR THE MONTH ENDING: XX/XX/XXXX

<table>
<thead>
<tr>
<th>EMPLOYEE NAME</th>
<th>EMPL SSN</th>
<th>DEDUCTION</th>
<th>MATCHING</th>
<th>TOTAL</th>
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<td>XXX-XX-XXXX</td>
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</table>

Subtotal: X,XXX.XX    X,XXX.XX    X,XXX.XX

CANCELLATIONS AND ADJUSTMENTS

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<th>EMPL SSN</th>
<th>DEDUCTION</th>
<th>MATCHING</th>
<th>TOTAL</th>
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Subtotal: X,XXX.XX    X,XXX.XX    X,XXX.XX

GRAND TOTAL FOR COMPANY NAME

X,XXX.XX    X,XXX.XX    X,XXX.XX
Texas Tech University
Texas Tech University Health Sciences Center

Optional Retirement Program/Tax Sheltered Annuity Program
Notice of Final Deposit and Vesting Status

<table>
<thead>
<tr>
<th>Name of Participant</th>
<th>Social Security Number</th>
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<table>
<thead>
<tr>
<th>Home Address:</th>
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<th>ZipCode</th>
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<table>
<thead>
<tr>
<th>Company Name</th>
<th>Termination Date</th>
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</table>

( ) Optional Retirement Program Company
( ) Tax Sheltered Annuity Program Company

I hereby certify that I do not have a contract nor am I negotiating for employment in an eligible position with any Texas public institution of higher education.
I understand that I am responsible for satisfying all tax liabilities resulting from this settlement and that I will be required to reinstate this account if I do not permanently terminate my employment in state supported public education in Texas.

<table>
<thead>
<tr>
<th>Participant’s Signature</th>
<th>Date</th>
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</tbody>
</table>

This section for ORP/TSA Company Addressed:

You are hereby authorized to distribute or transfer the repurchase value of the before referenced retirement plan(s) according to instructions received from the employee.

Last month deductions were withheld_______.

The before named participant **has** or **has not** earned a vested interest in the state contribution.

As a company, it is your responsibility to process all transfers in compliance with federal regulations and to provide employees with any required notices describing the taxation of distributions, rollover rights, and withholding rules.

<table>
<thead>
<tr>
<th>Approved</th>
<th>Authorized Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

Title ________________________________
 TEXAS TECH UNIVERSITY  
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER  

OPTIONAL RETIREMENT PROGRAM  

NOTICE OF FINAL DEPOSIT AND REQUEST FOR REFUND OF NON-VESTED EMPLOYER CONTRIBUTION  

Name of Participant (please print) ________________________  
Social Security Number ________________________________  

Home Address, City, State, Zip Code ______________________  

Optional Retirement Program Company ______________________  
Termination Date ________________________________  

To: ORP Company Listed Above  

The above named participant has terminated employment with Texas Tech University/Texas Tech Health Sciences Center and has not earned a vested interest in the state contribution to the participant’s Optional Retirement Program.  

You are hereby requested to refund the repurchase value of the employer matching contributions to the above referenced retirement plan. This is not a request for distribution to the participant of the employee contributions.  

Last month deductions were withheld ______________________.  

Amount of state contribution ____________________________.  

Please forward the check for the state contribution to:  

(806) 742-1852  
Payroll Department  
Texas Tech University  
P O Box 41092  
Lubbock, Texas 79409-1092  

__________________________  
Approved  

__________________________  
Date  

__________________________  
Authorized Signature  

__________________________  
Position Title
TEXAS TECH UNIVERSITY SYSTEM

ORP
Forms

TTUS ORP Forms

- ORP Administrative Contacts Information
- ORP Representative Appointment Form
- ORP Information Acknowledgment Form
- ORP Salary Reduction Acknowledgment/Change of Company
- ORP/TSA Transfer Request
- ORP Termination Information Acknowledgement Form

Other ORP Related Forms

- TRS 28 - Notice of Election to Participate in Optional Retirement Program
- TRS 29 - Application for Refund

(These forms are to be used by the Primary Contact, Representative Designator and all authorized company representatives, as needed. Originals should be copied.)
TEXAS TECH UNIVERSITY SYSTEM

ORP
Administrative Contacts Information

COMPANY: ________________________________________________________________

FEDERAL TAX IDENTIFICATION NUMBER: ________________________________________

1. PRIMARY CONTACT (official responsible for administration):
   Name: ___________________________________ Title: _____________________________
   Mailing Address: ____________________________________________________________
   City/State/Zip: _____________________________________________________________
   Telephone #: __________________ Fax #: __________________ E-Mail Address: __________

2. REPRESENTATIVE DESIGNATOR (official responsible for representative certification and supervision):
   Name: ___________________________________ Title: _____________________________
   Mailing Address: ____________________________________________________________
   City/State/Zip: _____________________________________________________________
   Telephone #: __________________ Fax #: __________________ E-Mail Address: __________

3. REMITTANCE CONTACT (official responsible for receipt of employer contributions):
   Name: ___________________________________ Title: _____________________________
   Mailing Address: ____________________________________________________________
   City/State/Zip: _____________________________________________________________
   Telephone #: __________________ Fax #: __________________ E-Mail Address: __________

   SUBMIT CONTRIBUTIONS TO: ________________________________________________
   SUBMIT VESTING LETTERS TO: ______________________________________________

   Authorized Signature: ___________________________ Date: ______________________
   Printed Name: __________________________________________________________
TEXAS TECH UNIVERSITY SYSTEM

ORP
Representative Appointment Form

INSTRUCTIONS:
Section I Prospective representative should complete Section I and forward to ORP Company.
Section II ORP company should complete Section II and forward to:
Director of Personnel, Texas Tech University, Box 41093, Lubbock, TX 79409-1093.

The Director of Personnel will provide written acknowledgement to the ORP Company. New representatives may not contact TTUS employees until after the ORP Company has been notified that the representative is accepted by TTUS.

SECTION I
To: ______________________________________________________________________________________
Company Name
I request appointment as your representative to the Texas Tech University System for the ORP.

_________________________________________________________ _________________________________
Full Name (print)       Title
___________________________________________________________________________________________
Company Name
___________________________________________________________________________________________
Complete Mailing Address, Indicate Home of Business
___________________________________________________________________________________________
Telephone Number ____________________________      Fax Number __________________________
E-Mail Address

CHECK ALL APPLICABLE RESPONSES

<table>
<thead>
<tr>
<th>Designations</th>
<th>Licenses &amp; Registrations</th>
<th>NASD Examinations</th>
<th>Memberships</th>
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<tr>
<td>CFP</td>
<td>Attorney</td>
<td>Series</td>
<td>CLU/ChFC</td>
</tr>
<tr>
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<td>Health Insurance</td>
<td>Series</td>
<td>ICFP</td>
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<td>Life Insurance</td>
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<td>MDRT</td>
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<td>P/C Insurance</td>
<td>Series</td>
<td>NALU</td>
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<tr>
<td>CFA</td>
<td>Variable Annuity</td>
<td>Series</td>
<td>NAPFA</td>
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<tr>
<td></td>
<td>Registered Investment Advisor</td>
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</table>

I certify that, as a prospective authorized representative, I have received copies of the TTUS Operating Policy and Procedure regarding the ORP, as well as the following from the Texas Higher Education Coordinating Board, “An Overview of TRS and ORP”, and “Chapter 25 - Optional Retirement Program”, and will abide by all TTUS solicitation restrictions and procedures set forth therein. 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 Operating Policy & Procedure may result in the loss of privilege to market ORP contracts to TTUS employees.

___________________________________________________________
Signature  Date

SECTION II
I hereby request approval for the appointment of the above-named individual to represent my company to eligible TTUS employees in connection with the Optional Retirement Program. I certify that I forwarded to the representative a copy of the TTUS Operating Policy & Procedure regarding the ORP, as well as the following from the Texas Higher Education Coordinating Board, “An Overview of TRS and ORP”, and “Chapter 25 - Optional Retirement Program”. I understand that my company is responsible for ensuring this individual complies with all TTUS requirements stated in the Operating Policy and Procedure.

________________________________________________________ _________________________________
Signature of Company Designator/Primary Contact Date  Print Name of Company Designator
TEXAS TECH UNIVERSITY SYSTEM
ORP
Information Acknowledgment Form

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

You are eligible to participate in the Optional Retirement Program unless you previously waived your eligibility. Election to participate is optional; however, membership in the Optional Retirement Program or the Teacher Retirement System is mandatory. Please read and acknowledge the following concerning the Optional Retirement Program:

1. Selection of ORP in lieu of the Teacher Retirement System (TRS) entails certain responsibilities for the employee, including selection and monitoring of ORP companies and investments. An overview of TRS/ORP is available at http://www.ttuhsc.edu/hr/benefits/documents/Overview_TRS_ORP.pdf.

2. The Texas Tech University System has no fiduciary responsibility for the market value of ORP participants’ investments or for the financial stability of the ORP companies selected by the participants.

3. The amount the employer contributes to ORP is determined by the Texas Legislature and may change over time.

4. Unless indicated otherwise in paragraph 7, I certify that I have never been given the opportunity in the past to enroll in ORP in Texas. I understand that I have 90 days from my date of eligibility to enroll in ORP and that this is a one-time irrevocable choice between the ORP and the TRS. I further understand that should I fail to enroll in ORP within the 90 day eligibility period I will be required to permanently enroll in the Teacher Retirement System of Texas for the remainder of my employment in Texas public higher education.

5. If I am in a visiting, adjunct, temporary or any other ORP-eligible position that may not be expected to last for more than 12 months, I understand that this is my one and only opportunity to elect ORP in lieu of TRS. In addition, I understand that failure to enroll in ORP at this time will eliminate any future opportunities to enroll in ORP even if I have an extended break in service from Texas institutions of higher education. This is my one-time, irrevocable choice, and I understand that I will not have another opportunity to enroll in ORP if I return to an ORP-eligible position in Texas.

6. I understand that the following properly completed ORP enrollment forms must be received by the appropriate Personnel/Human Resources office within the 90-day election period and before the monthly payroll calculation in order to be effective that month. Forms received after the monthly payroll calculation will be effective on the first of the following month. These forms are available online at http://www.depts.ttu.edu/personnel/retirement/retirement.aspx or http://www.ttuhsc.edu/hr/benefits.aspx or from the Benefits office.

   a. Texas Tech ORP Salary Reduction Acknowledgment
   b. Notice of Election to Participate in Optional Retirement Program (TRS Form 28)
   c. Application for Refund (TRS Form 29), if applicable

7. I have previously participated in or have been eligible to participate in the Texas Optional Retirement Program (ORP), at the Texas Higher Education employer(s) listed below:

   Employer(s)ramid nT Title(s) Employment Period(s)
   __________________________ __________________________ _________________________
   __________________________ __________________________ _________________________

I have read and understand the above statements concerning responsibilities that an employee undertakes upon selection of the Optional Retirement Program (ORP) in lieu of the Teacher Retirement System (TRS). I have been furnished a copy of “An Overview of TRS and ORP” as a source of information about my retirement decision.

Name (Print) Social Security Number

Position or Title Telephone Number

Department E-Mail Address

Employee Signature Date

RETURN TO YOUR BENEFITS OFFICE OR MAIL TO:
TTU/TTUS: Texas Tech University, Personnel Benefits, PO Box 41093, Lubbock, TX 79409
TTUHSC: Texas Tech University HSC, Human Resources, 3601 4th Street, Lubbock, TX 79430

ATTACHMENT A
Page 18
HSC OP 70.07
October 30, 2009
With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

INSTRUCTIONS
1. Complete Section A or B as appropriate, then sign Section C and complete Section D.
2. Attach copy of company application (if available).
3. Attach a TRS-28 form and a TRS-29 form (if required) for initial Optional Retirement Program (ORP) election.
4. Make a copy for your records.
5. Return to your Personnel/Human Resources or Payroll office.

A. ELECTION TO PARTICIPATE
As my initial election to participate in the TTUS ORP, I select (name of company) and certify that:
1. I understand that my decision not to become a member or not to continue membership in the Teacher Retirement System of Texas (TRS) is irrevocable as required by law, unless I become an eligible employee in the Texas Public School System, other than in a Texas institution of higher education, or before my vesting date become employed in a position not eligible for continued participation in the ORP. By electing to participate in the ORP, I relinquish all rights to TRS benefits that I previously accrued. I also understand that my previous contributions to TRS may not be rolled over to my ORP account.
2. I have been provided information regarding the benefits available through TRS, including the TRS’s life insurance and disability benefits, and it is my decision to select the ORP.
3. I understand that the applicable employer’s contribution for the first full year of participation (or) fractional part thereof will be refunded to the employer by the company in accordance with the provisions of the Optional Retirement Statute in the event I do not begin a second year of employment with TTUS.
4. I understand and acknowledge that both my contribution and the employer’s contribution to the ORP will be treated as nonelective, nonforfeitable, nontransferable contributions under Section 403(b) of the Internal Revenue Code (IRC). Additionally, my contributions to the ORP will be made by salary reduction as required by S.B. 1301, Acts of the 70th Texas Legislature. The contribution rates are subject to change at the discretion of the Texas Legislature. This agreement is irrevocable as long as I am a participant in the ORP or until it is determined by the appropriate authority that employee ORP contributions are elective within the meaning of Section 402 of the IRC.

B. CHANGE OF COMPANY
I elect to change my ORP company From: ________________________________ To: ________________________________

C. EMPLOYEE SIGNATURE
This election supersedes all previous elections. I understand that my election will become effective on my day of hire or eligibility, provided all necessary and properly completed ORP enrollment forms are signed and received by the appropriate Personnel/Human Resources office before the monthly payroll calculation for that month. Forms received after the monthly payroll calculation will be effective on the first of the following month. I understand that I bear the risk of the product(s) of my choosing, that the Texas Tech University System has no fiduciary responsibilities for the market value of any investments or the financial stability of this company, and that the Texas Tech University System is not liable for any tax consequences occurring under these programs.

Employee Signature ________________________________ Date __________

D. COMPANY INFORMATION (required if using individual company representative)

Name of Representative ________________________________ Company ________________________________

Telephone Number ________________________________ Fax Number ________________________________ E-Mail Address ________________________________

E. TO BE COMPLETED BY YOUR PERSONNEL/HUMAN RESOURCES OR PAYROLL OFFICE

Processed by ________________________________ Date __________
## Transfer Request

### PARTICIPANT

<table>
<thead>
<tr>
<th>Name of Participant (please print)</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

I hereby authorize a:  
- **Full Transfer of ORP ____ and/or TSA ____ account(s)**  
- **Partial Transfer of ORP ____ and/or TSA ____ account(s)**

For partial transfers, indicate dollar amount or percentage of total to be transferred: ________________________

* Please note: The surrendering company will close your account based on your request for a full transfer; therefore, the ORP Salary Reduction Acknowledgment/Change of Company Form and/or TSA Salary Reduction Agreement must be completed in order to direct future payroll contributions to the new/receiving company.

<table>
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<tr>
<th>Participant’s Signature</th>
<th>Date</th>
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</table>

### RECEIVING COMPANY

<table>
<thead>
<tr>
<th>Company Name (please print)</th>
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</table>

Mailing Address

According to IRS Ruling 90-24, transfers must be (1) direct and (2) the transferred funds must continue to be subject to the same or more stringent early distribution rules.

According to TTUS ORP/TSA policies (1) it is the receiving company's responsibility when accepting ORP funds to identify the amount of those funds contributed by the employee on an after-tax basis and to establish records which accurately track and report those funds to the employee upon retirement or withdrawal, and (2) in the event benefits are made available to the employee without proper authorization from TTUS, the company will be required to redeposit the funds to the employee's account as if no withdrawal had been made.

I certify that this transfer will be processed in accordance with these regulations.

<table>
<thead>
<tr>
<th>Signature of Company Representative</th>
<th>Date</th>
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### SURRENDERING COMPANY

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Account #</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of Personnel/Human Resources Representative</th>
<th>Date</th>
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</table>

<table>
<thead>
<tr>
<th>Signature of Payroll Representative</th>
<th>Date</th>
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</table>

### TO BE COMPLETED BY TTUS

TTUS hereby authorizes the above transfer in accordance with TTUS policies, Coordinating Board Rules and Regulations, and Federal laws.

This employee account is  
- ____ Vested  
- ____ Not Vested

<table>
<thead>
<tr>
<th>Signature of Personnel/Human Resources Representative</th>
<th>Date</th>
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</table>

<table>
<thead>
<tr>
<th>Signature of Payroll Representative</th>
<th>Date</th>
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</table>
Please read and acknowledge the following concerning the Optional Retirement Program:

1. I understand that if I have at least 10 years of service credit in ERS, TRS, the Optional Retirement Program (ORP), or any entity that participates in the state retirement program and decide to terminate employment from all state agencies and institutions that participate in the state insurance program I may be eligible for retiree group insurance administered by ERS as an ORP retiree.

2. In addition, I understand that should I want to enroll in the retiree group insurance administered by ERS as an ORP retiree the institution will verify my retirement eligibility by verifying my years of creditable state service and my age at the time of enrollment.

3. Furthermore, I understand that in order to enroll in the retiree group insurance administered by ERS as an ORP retiree I will be required to present a current statement from my ORP vendor that shows I have an active ORP account with that vendor at the time of enrollment.

4. I understand that eligibility for group retiree insurance administered by ERS is subject to legislative change.

I have read and understand the above statements concerning my responsibilities should I wish to enroll in the retiree group insurance administered by ERS as an ORP retiree at a later date.

_____________________________________________        _________________________________
Name (Print)                                                                                            Social Security Number

_____________________________________________        _________________________________
Position or Title                                                                                        Telephone Number

_____________________________________________        _________________________________
Department                                                                                               E-Mail Address

_____________________________________________        _________________________________
Employee Signature                                                                                  Date

RETURN TO YOUR BENEFITS OFFICE OR MAIL TO:
TTU/TTUS: Texas Tech University, Personnel Benefits, PO Box 41093, Lubbock, TX 79409
TTUHSC: Texas Tech University HSC, Human Resources, 3601 4th Street, Lubbock, TX 79430

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.
## NOTICE OF ELECTION TO PARTICIPATE IN OPTIONAL RETIREMENT PROGRAM

**PLEASE PRINT**

<table>
<thead>
<tr>
<th>Name</th>
<th>Federal Tax or Social Security No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Street Address or Box Number</td>
</tr>
<tr>
<td></td>
<td>City</td>
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<tr>
<td></td>
<td>State</td>
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<td></td>
<td>Zip Code</td>
</tr>
<tr>
<td>Institution</td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td>City</td>
</tr>
</tbody>
</table>

### ELECTION OF FACULTY MEMBER

Effective ____________, I elect to participate in the Optional Retirement Program established under Chapter 729, Acts of the 60th Legislature, Regular Session, (Article 2922-li, Vernon’s Texas Civil Statutes), in lieu of membership in the Teacher Retirement System of Texas. I understand that by this election I will not be eligible for membership in the Teacher Retirement System of Texas unless I cease to be employed by an institution of higher education and become employed by the Texas public school system other than in an institution of higher education.

I designate _________________________________________________ as my insurance carrier under the Program.

Signature of Faculty Member __________________________________ Date ____________________

THE STATE OF TEXAS; COUNTY OF ________________________________

BEFORE ME, the undersigned authority, on this day personally appeared __________________________________________, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that ______ he executed the same for the purpose therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS _______ day of ________________________________ .

____________________________________  ___________________________ County, Texas  (SEAL)

Notary Public in and for ________

### AFFIDAVIT OF GOVERNING BOARD OFFICIAL

This is to certify that ___________________________________________ is a faculty member of

Name of faculty member

________________________________________

Name of institution of higher education

Name of faculty member is employed on a full-time basis; is eligible to participate in the Optional Retirement Program; and (is) (is not) a member of the Teacher Retirement System of Texas. I hereby certify that the faculty member became eligible to exercise his option to participate in the Optional Retirement Program on the ______ day of ________________________________ , and elected to participate in the Optional Retirement Program on the _______day of ________________________________ .

_____________________________________________________________

Signature of Governing Board Official  Title

SWORN AND SUBSCRIBED TO BEFORE ME THIS _______ day of ________________________________ .

___________________________________________________________  ___________________________ County, Texas (SEAL)

Notary Public in and for ________

NOTE: If this person is a member of the Teacher Retirement System, please send this form and form TRS 29 with the report for the last month in which the faculty member is being reported to the Teacher Retirement System.
APPLICATION FOR REFUND
For Participants in the Optional Retirement Program

Part I (Please Print)
Name ______________________________________________________  Social Security No. ________________________
Telephone No. ____________________________________________  Date of Birth ______________________________
Member’s Mailing Address: ________________________________________________________________
Street Address or Box Number City State Zip Code

- Having elected to participate in the Optional Retirement Program and thereby precluding my membership in TRS, I hereby request a refund of the accumulated contributions which I have on deposit with the Teacher Retirement System of Texas. I understand that by electing the Optional Retirement Program, I forfeit and relinquish all accrued rights as a member of the Teacher Retirement System of Texas.

MEMBER MUST CHECK ONLY ONE SECTION
(see “Special Tax Notice Regarding TRS Payments” information sheet)

(    ) I hereby request that none of my accumulated account balance be rolled over into an eligible rollover plan. I understand that 20% of the taxable amount of my refund will be withheld for income tax as required by law. (PROVIDED THE AMOUNT IS GREATER THAN $200.00)

(    ) I hereby request that all or a portion of my refund be rolled over into an eligible retirement plan. Please send me information so I can provide TRS with rollover plan instructions.

I hereby acknowledge that I have been provided with “Special Tax Notice Regarding TRS Payments” and that I have 30 days from receipt of the notice to consider my decision of whether or not to elect a direct rollover of my distribution. I understand, that per U.S. Treasury Regulations, once I have made an election to rollover funds, it is irrevocable and cannot be changed.

_________________________________________________________  Signature of Member

STATE OF _____________________________  COUNTY OF __________________________
BEFORE ME, on this day personally appeared _______________________________________________ known to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that this person executed the same for the purpose and consideration therein expressed.

GIVEN under my hand and official seal this the ___________ day of ______________________ , ______________ (Month) (Year) (SEAL)

Signature of Notary Public County State

- This form and form TRS 28 are to be sent with the report for the last month in which the faculty member is being reported to the Teacher Retirement System of Texas.
- Do not send a copy of this form if the faculty member has no deposits in the Teacher Retirement System

Part II
CERTIFICATION OF SCHOOL OFFICIAL
This is to certify that:

______________________________________________________________, a faculty member at ____________________________________________ , is eligible and elected to participate in the Optional Retirement Program effective ___________________. The final deposit/or adjustment to the Teacher Retirement System in the amount of ____________________ is included in the report for the month ended ____________________ .

______________________________________________________________
Signature of official responsible for payroll reports to the Teacher Retirement System