AUSTIN COMMUNITY COLLEGE DISTRICT

Human Resources

Austin Community College (ACC) Funds Transfer Authorization

I hereby authorize the following transfer of assets from my ORP, my Tax Sheltered Annuity 403(b) or 403(b)(7), or my 457 Deferred Compensation Account provided ACC does not prohibit such a transfer. In the event of such a prohibition, I hereby authorize the non-transferable portion to remain in my account(s). **This lump sum transfer of assets does not affect any future contributions.**

Optional Retirement Program (ORP): Complete the following information for the contract(s) or account(s) to transfer:

Name of Carrier _____ Account/Contract # _____

Address of Carrier _____
City State Zip

☐ Full Transfer ☐ Partial Transfer _____% or $_____
(percentage) (dollar amount)

I hereby authorize the above named carrier to transfer the designated amount(s) from the account(s) listed above and to transfer the proceeds to the following carrier:

Name of Carrier _____ Account/Contract # _____

Address of Carrier _____
City State Zip

This transaction is intended to qualify as a tax-free transfer payment pursuant to Section 90-24 of the Internal Revenue Code.

Tax Sheltered Annuity 403(b) & 403(b)(7):Complete the following information for the contract(s) or account(s) to transfer:

Name of Carrier _____ Account/Contract # _____

Address of Carrier _____
City State Zip

☐ Full Transfer ☐ Partial Transfer _____% or $_____
(percentage) (dollar amount)

I hereby authorize the above named carrier to transfer the designated amount(s) from the account(s) listed above and to transfer the proceeds to the following carrier:

Name of Carrier _____ Account/Contract # _____

Address of Carrier _____
City State Zip

This transaction is intended to qualify as a tax-free transfer payment pursuant to Section 90-24 of the Internal Revenue Code.

457 Deferred Compensation: Complete the following information for the contract(s) or account(s) to transfer:

Name of Carrier _____ Account/Contract # _____

Address of Carrier _____
City State Zip

☐ Full Transfer ☐ Partial Transfer _____% or $_____
(percentage) (dollar amount)

I hereby authorize the above named carrier to transfer the designated amount(s) from the account(s) listed above and to transfer the proceeds to the following carrier:

Name of Carrier _____ Account/Contract # _____

Address of Carrier _____
City State Zip

This transaction is intended to qualify as a tax-free transfer payment pursuant to Section 90-24 of the Internal Revenue Code.

It is the responsibility of the employee authorizing the transfer of funds from one investment provider to another to complete all necessary paperwork with the new carrier to establish an applicable qualified account.

Employee Name: _____
Last First

Signature of Employee _____ Date _____

Social Security Number _____ Dept./Campus _____ Work Phone Number _____

Signature of Agent _____ Date _____

Accepted by Austin Community College:

Signature _____ Title Benefits Manager Date _____

Distribution: Original—HR Records; Copies—Benefits, Employee, Company