

Lamar Institute of Technology

ORP Change of Vendor Form

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 or ID number

Department

Institution

INSTRUCTIONS

1. Complete Section A, then sign Section B and complete Section C.
2. Attach copy of vendor ORP (403(b)) application or other evidence of vendor establishment of account.
3. Make a copy for your records.
4. Return to Human Resources office.

A. CHANGE OF VENDOR

I elect to change my ORP vendor from _____ to

(name of new vendor): _____

B. EMPLOYEE SIGNATURE

This election supersedes all previous elections. I understand that this change will become effective with the paycheck issued on the first business day of next month, provided this form properly completed and signed is received by the Human Resources office before the monthly payroll processing deadline for this month. Forms received after the deadline 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 institution has no fiduciary responsibilities in this area, and that the institution is not liable for any tax consequences occurring under these programs.

Employee signature

Date

C. VENDOR INFORMATION (signature required unless other evidence of account acceptance by vendor is provided)

Signature of Representative

Name(print)

Company

Telephone number

Fax number

E-mail address

D. TO BE COMPLETED BY HUMAN RESOURCES OFFICE

I have verified that the vendor is currently approved for new business under the institution's ORP Plan.

Processed by _____ Date _____

Distribution:

(1) New Vendor

(2) Employee

(3) Human Resources