



Optional Retirement Plan Termination Notice

Name _____ Social Security Number _____

Address _____
Street or Post Office Box City State Zip

Optional Retirement Program Carrier/s

AFFIDAVIT THAT EMPLOYMENT HAS PERMANENTLY TERMINATED

I hereby certify that I have permanently terminated my employment at the University of Houston-Downtown. I further certify that I do not have a contract nor am I negotiating for employment with any school or agency covered by Texas ORP.

Signature of Participant _____ Date _____

NOTARY PUBLIC

Before me, the undersigned authority, a Notary Public in and for said county and State, on this day personally appeared the participant, known to me to be the person whose name is subscribed to the foregoing instrument, and declared to me upon oath that the foregoing instrument is true and correct.

Given under my hand and seal of office this the _____ day of _____, 20____.

Notary Public in and for _____
County, State

CERTIFICATION OF SCHOOL OFFICIAL

Employee's service began _____ and terminated _____.
____ Employee is vested in ORP and eligible to receive State matching contributions.
____ Employee is not vested in ORP and State matching contributions should be returned.

Signature of Component Human Resources Officer _____ Date _____

FOR NON-VESTED PARTICIPANTS

Please return the State matching contributions in the amount of _____ to the University of Houston System.

Signature of UH System Payroll Official _____ Title _____ Date _____