

Retirement Program Sales Solicitation Agreement

Please complete this form in its entirety. This agreement is not valid until the Office of Employee Benefits at UT System has accepted and acknowledged its receipt

Send form to:

UT System Office of Employee Benefits, 210 West 7th Street, Austin TX 78701
Fax: (512) 579-5016 Email: utretirement@utsystem.edu

ACKNOWLEDGEMENT AND CERTIFICATION

As a representative of the Vendor indicated below, I agree that I will:

- Conduct myself in a professional manner and in accordance with the Regents' Rules and Regulations of The University of Texas System (U.T. System) and U.T. System institutions regarding sales activities; and
- Familiarize myself with and conduct my professional activities in accordance with U.T. System policies regarding sales activities.

I will not engage in the following activities:

- In-person, promotional cold-calls on employees;
- Promotional telephone calls to employees that interfere with the academic or institutional programs and activities of the U.T. System institution;
- Utilize the U.T. System institutional internal mail or electronic mail system for solicitation purposes; or
- Provide gifts or monetary directly or indirectly to any employee of the U.T. System for information on newly eligible employees.

I understand that an employee may request that a Vendor representative provide information about proposed plans or coverages to them during working hours, provided that such presentations do not disturb or interfere with the normal business of the U.T. System Institution. Any meetings to disseminate information about the UT Optional Retirement Program (ORP) are to be sponsored by either the U.T. System or a U.T. System Institution. Activity at such meetings is limited to providing information about the UT Saver Tax Sheltered Annuity (TSA), the UT Saver Deferred Compensation Plan (DCP) or the UT Optional Retirement Program. Any additional services must be provided outside of work hours.

I understand that any complaints indicating that I have not complied with the requirements of this agreement will be investigated by either the U.T. System Institution or the U.T. System Office of Employee Benefits. I understand that if I am found to have willfully or repeatedly violated the Regents' Rules and Regulations I may be suspended or disqualified from any sales or related activity at the U.T. System or at any U.T. System Institution, at the discretion of the U.T. System Office of Employee Benefits. I understand that multiple violations of these provisions by me may result in the removal of the Vendor I represent from the U.T. System's list of currently authorized Retirement Program providers.

TO BE COMPLETED BY FINANCIAL ADVISOR

SIGNATURE (FINANCIAL ADVISOR)		DATE
PRINT NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER		
PERSONAL EMAIL ADDRESS		

TO BE COMPLETED BY DESIGNATED UT ACCOUNT MANAGER

VENDOR NAME
SIGNATURE (DESIGNATED UT ACCOUNT MANAGER)
PRINT NAME

INSTITUTIONS AUTHORIZED FOR ACTIVITY:

- | | |
|---|---|
| ☐ UT Arlington | ☐ UT Austin |
| ☐ UT Southwestern Medical | ☐ UT Dallas |
| ☐ UT Medical Branch | ☐ UT El Paso |
| ☐ UT Health (HSC-houston) | ☐ UT Permian Basin |
| ☐ UT HSC San Antonio | ☐ UT Rio Grande Valley |
| ☐ UT M.D. Anderson | ☐ UT Tyler/HSC Tyler |
| ☐ UT System Administration | ☐ UT Stephen F Austin |

TO BE COMPLETED BY THE OFFICE OF EMPLOYEE BENEFITS

- ☐ AGREEMENT ACCEPTED
- ☐ AGREEMENT **NOT** ACCEPTED

RETIREMENT PROGRAM REPRESENTATIVE

DATE