THE UNIVERSITY OF TEXAS SYSTEM GOVERNMENTAL RETIREMENT ARRANGEMENT (UTGRA) DISTRIBUTION ELECTION AND PARTICIPATION ACKNOWLEDGEMENT FORM

COMPONENT: The University of Texas _____

NAME: ______ SSN: _____

The University of Texas Governmental Retirement Arrangement (UTGRA) provides additional benefits to certain Optional Retirement Program participants. You are a participant in UTGRA. Federal income tax rules and the UTGRA provisions require you choose the form of your UTGRA distribution before UTGRA contributions begin. You may wish to consult with your personal tax advisor and then make your selection from the following options and sign the form below:

 Substantially equal periodic installments over 5 years
 Substantially equal periodic installments over 10 years
 Substantially equal periodic installments over 15 years
 Substantially equal periodic installments over your life expectancy
 A single lump sum distribution

This distribution election is mandatory and irrevocable and cannot be changed at a later date. Please note that if the value of your vested benefits is \$5,000 or less on the day your distributions are set to commence, then your benefits will be distributed to you in a single lump sum payment even if you had elected to receive such benefits in an alternative distribution form. If the value of your vested benefits is in excess of \$5,000 and this form is not properly completed, then the 10-year payout is the default election.

Distributions will commence at age 65 if you terminate employment with U.T. System and all of its components before age 55. If you terminate employment after age 55 (of if you die or become disabled while still employed by U.T. System or its components), then your distribution will commence immediately after your termination. In the event of death, benefits become payable to your designated beneficiary on file with your UTGRA provider in accordance with the Distribution Election selected herein.

Participation Acknowledgement:

I designate ______ as the company for my UTGRA participation and understand that I may be allowed to change this company once every 90 days.

DATE:	 SIGNATURE:

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