

ONLY RETURN THIS FORM IF ELECTING THE ORP



EAST TENNESSEE STATE UNIVERSITY

Optional Retirement Program (ORP) Contribution Specification Form

Employee Information:				
			-	-
Last	First	MI	/	/
			Social Security Number	Date of Hire

Premium Distribution Specification

Contribution Information:		
Company Name	Distribution	You may specify distribution of your ORP premiums between the ORP companies. You must specify a percentage (no fractions) to each company in such a way that the sum of the percentages equal 100%. Each percentage must be a whole number.
Total Distribution to VOYA	%	
Total Distribution to TIAA-CREF	%	

By this election to allocate ORP contributions to the companies noted above, I acknowledge that I should complete enrollment form(s), select investment options, and designate a beneficiary for each company selected. If I fail to elect an investment option I will be defaulted to a target date fund with a presumed retirement at 65 years of age. This is my notification that I should determine if target date funds fit my circumstances.

Signature: _____ Date: _____

Transfer from TCRS to ORP only

To Be Completed By Employee:

I have completed the form(s) to transfer membership and/or funds from TCRS to the ORP as of ___/___/___.

Signature: _____ Date: _____

To Be Completed By Payroll:

Sick Leave Hours Balance _____ as of June 30, _____

For Official Use Only – DO NOT WRITE IN THIS AREA					
New Hire Enrollment July 1, 2014 or later			Eligible Rehires & Changes for Prior ORP Plan Members before July 1, 2014		
COMPANY NAME	CODE	DISTRIBUTION	COMPANY NAME	CODE	DSITRIBUTION
VOYA	R50/51/52	%	VOYA	R20/21/22	%
TIAA-CREF	R60/61/62	%	TIAA-CREF	R30/31/32	%
VALIC	R70/71/72	%	VALIC	R40/41/42	%