

**ONLY RETURN THIS FORM IF ELECTING THE ORP**

# **EAST TENNESSEE STATE UNIVERSITY**

## Optional Retirement Program (ORP) Contribution Specification Form

| Employee Information: |              |           |                               |                     |
|-----------------------|--------------|-----------|-------------------------------|---------------------|
|                       |              |           | -                             | -                   |
|                       |              |           | /                             | /                   |
| <b>Last</b>           | <b>First</b> | <b>MI</b> | <b>Social Security Number</b> | <b>Date of Hire</b> |

### Premium Distribution Specification

| Contribution Information:       |              |   |
|---------------------------------|--------------|---|
| Company Name                    | Distribution | You may specify distribution of your ORP premiums among the three 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 | %            |   |
| Total Distribution to VALIC     | %            |   |

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 | %            |