

Middle Tennessee State University Optional Retirement Program (ORP) Contribution Specification Form

_____/_____/_____ ____/____/_____
 Employee Last Name First Name MI Social Security Number Date of Hire

Premium Distribution Specification

Company Name Distribution

Total Distribution to VOYA _____%

Total Distribution to TIAA-CREF _____%

Total Distribution to VALIC _____%

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.

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, ____ is _____ hours.

Effective date for distribution: ____/____/____

FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS AREA					
New Hire Enrollment 7/1/14 or later			Eligible Rehires and Changes for Prior ORP Plan Members before 7/1/14		
Company Name	Code	Distribution	Company Name	Code	Distribution
VOYA	R50/51/52	%	VOYA	R50/51/52	%
TIAA-CREF	R60/61/62	%	TIAA-CREF	R60/61/62	%
VALIC	R70/71/72	%	VALIC	R70/71/72	%