

ORRP *Change Form*

OPTIONAL RETIREMENT PLAN



Complete this form and return by
November 7, 2008 to:

Augusta State University
Human Resources
2500 Walton Way
Augusta, GA 30904

Changes to become effective January 1, 2009

SS#	LAST NAME	FIRST NAME	MI
CONTRACT TYPE (Academic or fiscal)	DEPARTMENT	CAMPUS PHONE	EMPLOYMENT DATE

Faculty members who participate in the Optional Retirement Plan (ORP) of Augusta State University (ASU) may choose to reallocate their ORP contributions among the four approved ORP companies during the annual enrollment period. The reallocations will become effective January 1, 2008. The retirement contributions to be allocated are 13.15% of your gross monthly salary: the 5% employee contribution plus the 8.15% Augusta State University contribution. In the space below, choose any or all of the four ORP companies.

Please designate your allocations with the following stipulations:

- Allocations must total 100%
- If divided, a minimum investment to any one company must be at least 10%
- All contributions must be on a whole number percentage basis
- You must submit this enrollment form to the Employee Benefits Department during the annual enrollment period. In addition, by the same deadline, submit individual ORP company application(s) for each **new** ORP company selected (see "Important" information below right). If your current investment company will be retained with some percentage, no application is necessary for that company.

Allocation of total contributions	Company (check box)
_____ %	<input type="checkbox"/> American Century Investments
_____ %	<input type="checkbox"/> Fidelity Investments
_____ %	<input type="checkbox"/> TIAA-CREF
_____ %	<input type="checkbox"/> VALIC
TOTAL 100 %	

• IMPORTANT •
When requesting company applications, **you must specify** "The University of Georgia Optional Retirement Plan **401a** enrollment packet."

This agreement shall remain in force during my continued employment except as amended in writing by me during an annual enrollment period. If no change is made by me during the annual enrollment period, I understand the allocation of retirement contributions shall remain as shown above and I am responsible for all investment decisions regarding this plan.

I, the undersigned, do hereby certify I have read and fully understand the above statements regarding the University System of Georgia Optional Retirement Plan.

SIGNATURE	DATE
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