

ORP

ORP

*Change
Form*



The University of Georgia

OPTIONAL RETIREMENT PLAN

You may change ORP companies up to four times in a calendar year. Your changes will become effective the month following receipt of your completed forms.

SS#	LAST NAME	FIRST NAME	M I
CONTRACT TYPE (Academic or fiscal)	DEPARTMENT	CAMPUS PHONE	EMPLOYMENT DATE
EMAIL ADDRESS			

Individuals who participate in the Optional Retirement Plan (ORP) of the University System of Georgia may choose to change their ORP companies (among the four approved ORP vendors) up to four (4) times per calendar year. The changes will become effective the month after your completed forms are received in Employee Benefits. The retirement contribution to be allocated is 14.24% of your gross monthly salary: the 5% employee contribution plus the 9.24% University of Georgia contribution. In the space below, choose any or all 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 form to the Employee Benefits Department. In addition, submit copies of 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 the same percentage, no application is necessary for that company.

Allocation of total contribution

Company (check box)

_____ %	<input type="checkbox"/>	Fidelity Investments
_____ %	<input type="checkbox"/>	TIAA-CREF
_____ %	<input type="checkbox"/>	VALIC
TOTAL 100 %		

✓ If choosing a new company, be sure to submit a copy of the company application with this form.

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

This agreement shall remain in force during my continued employment except as amended in writing by me. I understand 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

Send completed forms to:
The University of Georgia
Employee Benefits
Human Resources Bldg.
215 S. Jackson St.
Athens, GA 30602-4133