

Reset Form

The University of Tennessee Optional Retirement Program Premium Distribution Specification Form

NAME _____
Last First MI

SSN _____

Cost Center _____ Hire Date _____

<input type="checkbox"/> New Enrollment
<input type="checkbox"/> Change of
<input type="checkbox"/> Distribution Restart
<input type="checkbox"/> Contributions

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 equals 100%. Each percentage must be a whole number.

WARNING! If you are specifying a distribution to a company for the first time, you must complete an enrollment form for that company.

Company Name	Code Number	Distribution
Total Distribution to VOYA/ING	001	_____ %
Total Distribution to TIAA/CREF	002	_____ %
Total Distribution to VALIC	003	_____ %

Effective Date for a **CHANGE** in Distribution only (Must be the first day of the month.) _____ **01** , **20** _____

Month Day Year

Signature: _____

_____ Date

TO BE COMPLETED BY CAMPUS OFFICER:

PN# _____

Membership Date: _____

Forms to be attached:
VOYA/ING: _____
TIAA/CREF: _____
VALIC: _____
Notice of Election : _____