



Optional Retirement Program (ORP) Contribution Specification Form

Employee Information:

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

PREMIUM DISTRIBUTION SPECIFICATION

Contribution Information:

Company Name	Distribution	
Total Distribution to VOYA	%	You may specify distribution of your ORP premiums between the two 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 TIAA	%	

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.

Required 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, _____

Effective Date for Distribution: _____

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 7 /1/14)		
Company Name	Code	Distribution	Company Name	Code	Distribution
VOYA	R50/51/52	%	VOYA	R20/21/22	%
TIAA	R60/61/62	%	TIAA	R30/31/32	%