



ENROLLMENT FORM UNIVERSITY SYSTEM OF GEORGIA OPTIONAL RETIREMENT PLAN

HUMAN RESOURCES
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I have elected to participate in the University System of Georgia Optional Retirement Plan (ORP). In making this election, I understand that under current State law this decision is irrevocable. My contributions to the Optional Retirement Plan should be sent to the following company(ies):

The total of my 5% contribution and the University's 8.15% contribution is to be paid as follows:

Allocation of Total Contributions

Company

_____ %

AIG RETIREMENT

_____ %

AMERICAN CENTURY

_____ %

FIDELITY

_____ %

TIAA-CREF

100% - Total

The percentage listed for each company must be greater than or equal to 10%. Fractional percentages are not allowed. American Century \$50 per month for each fund selected until fund minimum is met. Total designation must equal 100%.

This agreement shall remain in force during my continued employment. I may change my vendor selection quarterly, including the annual open period. I understand that I am responsible for all investment decisions regarding this plan. I have completed the required forms to establish my retirement plan with the ORP company(ies) listed

NAME (Printed) Last First MI

SOCIAL SECURITY NUMBER

JOB TITLE

DEPARTMENT

EMPLOYMENT DATE

SIGNATURE