

**Notice of Election  
to Participate in the  
ORP or the TCRS**

**Tennessee Consolidated Retirement System**

502 Deaderick Street  
Nashville, Tennessee 37243-0201  
1-800-770-8277 ♦ <http://tcrs.tn.gov>



This election is made with the understanding that you must participate in either the Optional Retirement Program (ORP) or the Tennessee Consolidated Retirement System (TCRS) under the following conditions:

- (1) You cannot participate in both plans at the same time;
- (2) Election to participate in the ORP is irrevocable as long as employment is continuous. If transferred to another state institution where the ORP is available, you must continue to participate in the ORP; and
- (3) Under current law, a member of TCRS who is eligible to participate in the ORP may elect to transfer prospective membership to the ORP upon complying with specified filing requirements. Employee contributions may be transferred, but employer funds will not be transferred.

Please select one of the following:

- I hereby elect to participate in the **Optional Retirement Program** and, thereby, waive my right to participate in the Tennessee Consolidated Retirement System.
- I hereby elect to participate in the **Tennessee Consolidated Retirement System** and, thereby, waive my right, at this time, to participate in the Optional Retirement Program.

**SECTION 1. APPLICANT INFORMATION**

Member ID	Last 4 SSN XXX-XX-	Date of Birth
Full Name	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address		
City	State	Zip Code
Email	Phone Number	
Employer	Department Code	
Title of Position		
Date of Employment	Date of First ORP Contribution	
Have you ever been a member of the Tennessee Consolidated Retirement System? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give the name of the Department in which you were employed		
Have you ever made contributions to the ORP through a school located in Tennessee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give the name of the school or institution		
I have read the foregoing instrument and have elected to join either the ORP or the TCRS and execute a waiver of all prospective benefits in the plan for which I have elected not to join.		
Applicant's Signature		Date

**Tennessee Board of Regents  
Optional Retirement Program (ORP)  
Contribution Specification Form**

Employee Information:					
			- -	/ /	
Last	First	MI	Social Security Number	Date of Hire	

**Premium Distribution Specification**

Contribution Information:										
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">Company Name</th> <th style="text-align: left; padding: 5px;">Distribution</th> </tr> <tr> <td style="padding: 5px;">Total Distribution to VOYA</td> <td style="text-align: right; padding: 5px;">_____ %</td> </tr> <tr> <td style="padding: 5px;">Total Distribution to TIAA-CREF</td> <td style="text-align: right; padding: 5px;">_____ %</td> </tr> <tr> <td style="padding: 5px;">Total Distribution to VALIC</td> <td style="text-align: right; padding: 5px;">_____ %</td> </tr> </table>	Company Name	Distribution	Total Distribution to VOYA	_____ %	Total Distribution to TIAA-CREF	_____ %	Total Distribution to VALIC	_____ %	<p style="font-size: small; margin: 0;">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 equal 100%. Each percentage must be a whole number.</p>	
Company Name	Distribution									
Total Distribution to VOYA	_____ %									
Total Distribution to TIAA-CREF	_____ %									
Total Distribution to VALIC	_____ %									

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-CREF	R60/61/62	%	TIAA-CREF	R30/31/32	%
VALIC	R70/71/72	%	VALIC	R40/41/42	%