**Optional Retirement Program (ORP)**

**Premium Distribution Specifications**

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First

Banner ID or SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Premium Distribution Specification**

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 a sum of the percentage equals 100%. Each percentage must be a whole number. Remember: If you are specifying a distribution to a company for the first time, you must complete an enrollment form for that company.

**Company Name** **Distribution**

Total Distribution to ING \_\_\_\_\_\_\_\_%

Total Distribution to TIAA-CREF \_\_\_\_\_\_\_\_%

Total Distribution to AIG-VALIC \_\_\_\_\_\_\_\_%

By this election to participate in the ORP, I acknowledge that I am waiving the right to participate in TCRS.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To Be Completed by HR/Payroll**

**Code Description**

R20 100% ING

R21 ING + 1

R22 ING + 2

R30 100% TIAA

R31 TIAA + 1

R32 TIAA + 2

R40 100% VALIC

R41 VALIC + 1

R42 VALIC + 2

Retirement Plan Code(s): \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Effective date of election: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forms to be attached (if applicable):

\_\_\_\_ TCRS Waiver Form

\_\_\_\_ ING Enrollment Application

\_\_\_\_ TIAA-CREF Enrollment Application

\_\_\_\_ AIG-VALIC Enrollment Applicant