



ENROLLMENT FORM UNIVERSITY SYSTEM OF GEORGIA OPTIONAL RETIREMENT PLAN

HUMAN RESOURCES
University Center
Valdosta State University
1500 N Patterson St.
Valdosta, GA 31698-0200

This is to certify that I have received the information regarding the Regents Retirement Plan

I, the undersigned, understand that I have SIXTY (60) days from the date of my initial hire date of ____/____/____ to make an election to participate in the Regents Retirement Plan (ORP) with FIDELITY, VALIC OR TIAA/CREF. I understand that I will automatically be enrolled as a participant in the Teachers Retirement System of Georgia for the remainder of my employment with the University System of Georgia, if I do not make an election to participate in the Regents Retirement Plan (ORP) within the first 60 days of my employment.

Retirement participation is a condition of employment with the University System of Georgia. You are REQUIRED to submit this form to a Human Resources Representative before ____/____/____ which is your 60th day of employment. Contributions WILL be captured from your paycheck for your retirement plan retroactively to your employment date of ____/____/____.

The current employee contribution to the Teachers' Retirement Plan is 5.25% and the Regents Retirement Plan (ORP) is 5% of includable compensation. The current employer contribution to the Teachers' Retirement Plan is 9.74% and the employee is vested after 10 years. The current employer rate to the Optional Retirement Plan is 9.24% and the employee is vested as of hire date. The Employee and Employer contribution rates for both retirement plans are reviewed and adjusted yearly, if appropriate.

The total of my 5% contribution and the University's 9.24% contribution is to be paid as follows:

Allocation of Total Contributions Company

VALIC _____%
FIDELITY _____%
TIAA-CREF _____%
100% - Total

*The percentage listed for each company must be greater than or equal to 10%. Fractional percentages are not allowed. Total designation must equal 100%. This agreement shall remain in force during my continued employment. 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.

PLEASE PRINT

Employee ID : _____

First Name _____ MI _____ Last Name _____

Signature: _____ Date: _____

NOTE: If you elect the Optional Retirement Plan, you may change the company that you choose to invest your contributions on a quarterly basis. Example: If you elect the ORP on January 1, 2010 and decide that you are dissatisfied with the company you initially elected, you may choose another of the four available companies in which to contribute; however that change will not be effective until the 1st day of the following quarter.

FOR HR USE ONLY
Received in HR : _____
30 Day Email Sent: _____
Entered in ADP _____