

The University of Tennessee Hybrid Retirement Plan Premium Distribution Specification Form

Name _____
Last First MI

Personnel Number _____

Hire Date _____

<input type="checkbox"/>	New Enrollment Full-Time Part-Time
<input type="checkbox"/>	Change of Distribution- Date: _____
<input type="checkbox"/>	Restart Contributions Date: _____

PART I:

Participation Election — Indicate choice by placing a check in the appropriate box

I hereby elect to participate in the **Optional Retirement Program Hybrid** and, thereby, waive my right to participate in the Tennessee Consolidated Retirement System. (Complete Part II & Part III)

I have read the foregoing instrument and have elected to join ORP Hybrid and execute a waiver of all prospective benefits in the plan for which I have elected not to join.

PART II:

You may specify distribution of your ORP Hybrid premiums among the twocompanies. You must specify a percentage (no fractions) to each company in such a way that the sum of the percentages equals 100%. Each percentage must be a whole number.

WARNING! If you are specifying a distribution to a company for the first time, you must complete the enrollment process for that company.

Date & Time of Enrollment _____

Submit a copy of the enrollment confirmation from the vendor with your forms.

Company Name	Code Number	Distribution
Total Distribution to TIAA	403586	_____%
Total Distribution to VOYA	VFZ294	_____%

PART III:

Signature _____

Date _____