



# State of Tennessee Optional Retirement Program



## Verification of Eligibility for Exception to Lifetime Distribution Requirement

### For Terminated Participants With Less Than \$9,000 in the Program Calendar Year 2005

**Instructions** — If you have totally and permanently separated from service with The State of Tennessee and have less than \$9,000 in the Tennessee Optional Retirement Program, you qualify for an exception to the program's lifetime distribution requirement. You may withdraw funds from the program in any manner permitted by the company or companies you use. To do so, you must attach a completed copy of this form to each benefit application you submit to ING-AETNA, TIAA-CREF, and/or AIG-VALIC. Complete Part I yourself, then have your last employer complete Part II. If you were employed by the Tennessee Board of Regents, you must furnish your last employer with copies of your most recent quarterly statements from all of the companies you have used in Tennessee's Optional Retirement Program.

#### Part I — To Be Completed by Participant

I have separated from service with the State of Tennessee. I have received my final paycheck and do not expect to be reemployed with an institution covered by Tennessee's Optional Retirement Program in the upcoming school year. The total I have accumulated with ING-AETNA, TIAA-CREF, and AIG-VALIC in Tennessee's Optional Retirement Program does not exceed \$9,000.

Participant's Name

Participant's Social Security Number

Participant's Signature

Date

#### Part II — To Be Completed by UT Retirement Office or Payroll Officer of TBR Institution

This participant was employed by the University of Tennessee. Our records indicate that this participant has an aggregate total balance of \$ \_\_\_\_\_\* in his Tennessee Optional Retirement Program accounts with ING-AETNA, TIAA-CREF, and AIG-VALIC; OR

This participant was employed by the Tennessee Board of Regents. Our institution's contribution records and the participant's current quarterly statements indicate the following:

|           | Total ORP Contributions | Account Balance |
|-----------|-------------------------|-----------------|
| ING-AETNA | \$ _____                | \$ _____        |
| TIAA-CREF | \$ _____                | \$ _____        |
| AIG-VALIC | \$ _____                | \$ _____        |
| TOTAL     | \$ _____*               | \$ _____*       |

Date Participant's Final Paycheck Was Issued

Today's Date

Signature

Name

Title

Institution

\* Do not complete this form if amount exceeds \$9,000.