



ELECTION TO TRANSFER FUNDS FROM TCRS TO THE OPTIONAL RETIREMENT PROGRAM

BY ELIGIBLE EMPLOYEES OF COLLEGES AND UNIVERSITIES OF THE STATE OF TENNESSEE

Tennessee Consolidated Retirement System
502 Deaderick Street, Nashville, Tennessee 37243-0201

MEMBER INFORMATION

Name Last First Middle or Maiden

Social Security Number Date of Birth Month Day Year

Street City State Zip

Employer Institution Work Phone

ALLOCATION INSTRUCTIONS

Funds transferred to the Optional Retirement Program under this election are to be distributed as follows:

Table with 3 columns: Allocation Method, Percentage, and Total. Rows include ING-Aetna Life Insurance and Annuity Company, TIAA-CREF, Variable Annuity Life Insurance Company (VALIC), and Total (100%).

CERTIFICATION - To be signed by member and witnessed by a notary public

I have completed an ELECTION TO TRANSFER MEMBERSHIP FROM TCRS TO THE OPTIONAL RETIREMENT PROGRAM and hereby also make application for the transfer of my accumulated contributions on deposit with the Tennessee Consolidated Retirement System to the Optional Retirement Program as authorized by Tennessee Code Annotated, Section 8-35-409.

I understand that this transfer is considered a total withdrawal of accumulated contributions and service credit and shall terminate my membership in the Tennessee Consolidated Retirement System in accordance with the provisions of Tennessee Code Annotated, Section 8-35-104. I further understand that this action constitutes a waiver of all rights in the retirement system and that contributions so transferred may not be redeposited with the Tennessee Consolidated Retirement System.

I am aware that if I have attained vested rights in TCRS and DO NOT transfer my contributions, I will be entitled to elect to receive a monthly benefit from TCRS at retirement age based on my service and salary through the date of my transfer of membership to the Optional Retirement Program. By transferring my contributions, I am forfeiting all rights to such benefit.

I take this action with full knowledge and understanding of the foregoing and certify that this election is being made at least thirty (30) days prior to the effective date.

Signature of Member

Date

STATE OF TENNESSEE, COUNTY OF

Personally appeared before me on this day of the within named, and makes oath that (he) (she) executed the foregoing instrument.

Notary Public Signature

SEAL

My Commission Expires