ENROLLMENT FORM
REGENTS RETIREMENT PLAN
UNIVERSITY SYSTEM OF GEORGIA

RETURN TO: Kennesaw State University
Name of Institution

I have elected to participate in the University System of Georgia Optional Retirement Plan (ORP) and have completed the necessary application and other required forms for my retirement plan with the ORP company(ies) listed below.

The total of my 5% contribution and the Institution's 8.15% contribution is to be paid to:

1. Company American Century Percent* _____

2. Company Fidelity Percent* _____

3. Company TIAA-Cref Percent* _____

4. Company Valic Percent* _____

TOTAL (*Must equal 100%*) 100%

**The percentage listed for each company must be greater than or equal to 10%. Fractional percentages are not allowed.*

In making this election I understand that under current law my decision to participate in the ORP is irrevocable and I acknowledge that I am responsible for all investment decisions regarding this plan. I further understand that I may change the percentage forwarded to each investment company 4 times per calendar year, at the first of each quarter (January 1, April 1, July 1 and October 1), by completing the required forms.

Name _____ _____
LAST FIRST MIDDLE SOCIAL SECURITY #

_____ _____ _____
POSITION DEPARTMENT DATE OF EMPLOYMENT

_____ _____
WITNESS SIGNATURE

_____
DATE