QUARTERLY CHANGE FORM
REGENTS RETIREMENT PLAN
UNIVERSITY SYSTEM OF GEORGIA

RETURN TO: Benefits Division
Office of Human Resources-0435
Georgia Institute of Technology
500 Tech Parkway
Atlanta, Georgia 30332-0435

I have elected to participate in the University System of Georgia Optional Retirement Plan (ORP) and have completed the required application(s) and form(s) with the following ORP company(ies).
Quarterly changes are effective the beginning of the month after receipt by OHR.

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

1.Company_____Percent*_____

2.Company_____ Percent*_____

3.Company_____Percent*_____

4.Company_____ Percent*_____

Total (*Must Equal 100%*) _____

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

I understand that per calendar year, I may change Investment Company and/or the percentage forwarded to each company by completing the required forms, quarterly and/or during Open Enrollment in the Fall.

Name_____ _____
Last First Middle Social Security #

_____ _____ _____
Position Department Date of Employment

_____ _____
WITNESS SIGNATURE

_____
DATE