

# 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 6% 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