

OPTIONAL RETIREMENT PROGRAM OF THE UNIVERSITY OF NORTH CAROLINA
NOTICE OF CHANGE IN RETIREMENT VENDOR

**FORM
ORP-2**

SECTION A. EMPLOYEE DATA				
FIRST NAME	MI	LAST NAME		
MAILING ADDRESS			DATE OF BIRTH (MM/DD/YYYY)	SOC. SEC NO.
CITY	STATE	ZIP CODE	TELEPHONE NO.	EMAIL ADDRESS
UNC EMPLOYING INSTITUTION (YOUR CAMPUS NAME)			DATE OF ELIGIBLE EMPLOYMENT (MM/DD/YYYY)	

SECTION B. RETIREMENT ELECTION CHANGE
<p>Please check your current status:</p> <p style="text-align: center;"> <input type="checkbox"/> ACTIVE EMPLOYEE <input type="checkbox"/> FORMER EMPLOYEE <input type="checkbox"/> RETIREE </p> <p>I authorize The University of North Carolina to change my election and to remit my contributions along with the University contributions to the following retirement vendor. I understand that by making this change, I will be prohibited from submitting another change until the month following the effective date of this election.</p> <p style="margin-left: 40px;"> EMPLOYEE CONTRIBUTION (select one): <input type="checkbox"/> FIDELITY <input type="checkbox"/> TIAA-CREF UNIVERSITY CONTRIBUTION (select one): <input type="checkbox"/> FIDELITY <input type="checkbox"/> TIAA-CREF </p> <p>This change will become effective as soon as it can reasonably be accommodated by payroll processing. Employee must complete the vendor enrollment application to elect investments.</p> <p style="margin-top: 20px;"> EMPLOYEE SIGNATURE: _____ DATE: / / </p>

SECTION C. EMPLOYER CERTIFICATION (TO BE COMPLETED BY YOUR UNC HUMAN RESOURCE OFFICE)	
UNC CAMPUS HR SIGNATURE	DATE
UNC GENERAL ADMINISTRATION CERTIFICATION	
DATE ENROLLED IN THE ORP DATABASE (MM/DD/YYYY)	OTHER COMMENTS