

Election to Transfer Funds from TCRS to the ORP

Tennessee Consolidated Retirement System
A Division of the Tennessee Treasury Department
502 Deaderick Street
Nashville, Tennessee 37243-0201
1-800-922-7772 ♦ RetireReadyTN.gov



To be completed by eligible employees of colleges and universities in the State of Tennessee who elect to transfer funds from the Tennessee Consolidated Retirement System (TCRS) to the Optional Retirement Program (ORP).

SECTION 1. APPLICANT INFORMATION

Member ID	Date of Birth	
Full Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address		
City	State	Zip Code
Email	Phone Number	
Employer	Work Phone Number	

SECTION 2. ALLOCATION

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

Voya	_____ %
TIAA	_____ %
Total	100%

SECTION 3. CERTIFICATION

I have completed an Election to Transfer Membership from TCRS to the ORP and hereby also make application for the transfer of my accumulated contributions on deposit with the TCRS to the ORP as authorized by Tennessee Code Annotated (T.C.A.), Section 8-25-204.

I understand that this transfer is considered a total withdrawal of accumulated contributions and service credit and shall terminate my membership in the TCRS in accordance with the provisions of T.C.A., 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 TCRS.

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 ORP. 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.

Applicant's Signature

Date

For VOYA

VRIAC
PO Box 3015
New York, NY 10116-3015

For TIAA

TIAA
P.O. Box 1260
Charlotte, NC 28201-1260

(Overnight)

TIAA
8500 Andrew Carnegie Blvd
Charlotte, NC 28262