

**ORP Change Form**

Complete this form if you wish to change to another fund sponsor serving the Optional Retirement Plan.

|                    |            |          |                                   |
|--------------------|------------|----------|-----------------------------------|
| Employee Last Name | First Name | MI       | Social Security Number (required) |
| Street Address     |            |          | Date of Birth                     |
| City               | State      | Zip Code | Contact Info (phone / email)      |

**FUND SPONSOR/ PROGRAM:** Your ORP Fund Sponsor Choice

You may direct ORP contributions to one fund sponsor at a time. You may change your election for future contributions one time during a calendar year. Once you choose a new fund sponsor, you must complete an account application for your newly selected ORP fund sponsor.

Current Fund Sponsor (name): \_\_\_\_\_

Change my ORP Fund Sponsor to (Check one.)

- ORP:ous**  
You must apply online or send your ORP:ous application directly to the plan administrator, Fidelity Investments, to ensure your contributions are invested as you wish. Request a Getting Started Guide or apply online at <http://www.mysavingsatwork.com/ous>
- ORP:tiaa-cref**  
You must send your TIAA-CREF application form directly to TIAA-CREF to ensure your contributions are invested as you wish. Apply online at <http://enroll.tiaa-cref.org/ous/> .
- ORP:aig valic** Closed to new enrollments after October 10, 2007.  
You must return your AIG VALIC application form to AIG VALIC Financial Advisors, Inc. to ensure your contributions are invested as you wish.

*Attach confirmation of your online enrollment or a copy of your application.*

**CERTIFICATION:** I understand that this election will be effective until I change my selected ORP fund sponsor in another calendar year. I further understand that: 1) contributions sent to an ORP fund sponsor selected above may be invested in a money market fund (TIAA-CREF and AIG VALIC) or an age-appropriate lifecycle fund (ORP:ous) until the fund sponsor receives my online or signed application form indicating my investment choice(s); 2) the Oregon State Board of Higher Education assumes no responsibility for determining that investments I select are suitable for me. I agree to indemnify and hold the Oregon State Board of Higher Education, its officers, employees and agents harmless from, and to pay the State of Oregon promptly on demand for, any and all losses, liabilities, claims, and costs including reasonable attorneys' fees that may arise from my acts or omissions related to my selection of investments or services. The release and indemnification is in addition to and in no way restricts any rights which may exist at law or under any other agreement(s) between me and State of Oregon.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

***You must provide this form to your campus benefits office, at the address listed below, by the 10<sup>th</sup> of the month in which you wish this change to be effective.***

**Send this completed form to the appropriate institution:**  
 EOU-Human Resources, One University Blvd, La Grande OR 97850-2899  
 OIT-Human Resources, 3201 Campus Dr, Klamath Falls OR 97601-8801  
 OUS-Chancellor's Office, c/o OSU Human Resources, Corvallis  
 OSU-Human Resources, 122 Kerr Admin Bldg, Corvallis OR 97331-2132

PSU-Human Resources, PO Box 751, Portland OR 97207  
 SOU-Human Resources, 1250 Siskiyou Blvd, Ashland OR 97520  
 UO-Human Resources, 5210 University of Oregon, Eugene OR 97403  
 WOU-Human Resources, 345 N Monmouth Ave, Monmouth OR 973