TO DO LIST – Non-exempt

RETURN FORMS TO THE APPROPRIATE LOCATION

RETIREMENT—MANDATORY
– Email forms to: utmretirement@utm.edu  Marsha Davis UT Martin Human Resources

_Tennessee Consolidated Retirement System Hybrid  (Available to Non-Exempt Employees)_
- And

**DEFERRED COMPENSATION – OPTIONAL**

**2% Auto-Enrollment with Opt-Out option**
Watch mail for letter from Empower Retirement – choose beneficiary and investment choices.

**RetireReady TN**
- 401(k) – Auto-Enrollment for 2% - up to a $50 UT match per month. May Opt-Out within first 90 days. Enroll on-line for 401(k) after your first direct deposit https://retirereadytn.empower-retirement.com/participant/#/login?accu=TennesseeWR start with the registration section.
- 401(k) ROTH – Same enrollment form as the traditional 401k.

- 457

**UT 403b Deferred Compensation Plan Enrollment**
403b UT 403(b) Enrollment form – Must enroll with a company before submitting enrollment form.
EMPOWER RETIREMENT
Denver Office 800-922-7772

UTM Contacts
Allan Landstreet  Allan.Landstreet@empower-retirement.com  (615) 564-7002

TIAA Contacts
Speak with a Representative  800-842-2776
Automated Telephone Service  800-842-2252
Schedule an In-Office Appointment  800-732-8353

UTM Contacts
Brian Nanney  Brian.Nanney@tiaa.org  901-801-6206

AIG Valic Contact
Customer Care Center  800-448-2542 or 888-568-2542

VOYA Contacts
Customer Service  800-525-4225

UTM Contacts
Justin Howell(Primary)  jhowell@voyafa.com  731-663-9818
Hybrid Retirement Plan Information for General State & Higher Education Employees hired on or after July 1, 2014

RetireReadyTN is the state’s retirement program, combining the strengths of a defined benefit plan provided by the Tennessee Consolidated Retirement System (TCRS), a 401(k) plan offered by Empower Retirement, and retirement readiness education. We strive to empower public employees to take actionable steps toward preparing for the future.

Full-time state employees hired after June 30, 2014 are members of the Hybrid Retirement Plan for State Employees and Teachers (“Hybrid Plan”) as a condition of employment.

About Tennessee Consolidated Retirement System (TCRS)

- TCRS provides a lifetime monthly benefit at retirement once eligibility has been met.
- General state employees become vested in TCRS upon completing at least 5 years of creditable service with a TCRS-covered employer.
- Vested members are eligible for an unreduced retirement benefit at age 65 or based on the rule “Rule of 90” (years of service + age = 90 or greater)
- Benefits are calculated based on the member’s years of creditable service, age, the benefit accrual factor, and average final compensation (AFC). AFC is the average of the highest five consecutive years of compensation.

About the 401(k)

- The amount a member has available in retirement is based on contributions, plus any accumulated earnings.
- Members are immediately vested in the 401(k). Upon terminating employment or retiring, an employee may leave the account balance in the plan, roll it over to another qualified plan, or begin taking distributions.
- Members select their investment options based on their individual goals, risk tolerance, and timeline.
- State employees are eligible for a dollar-to-dollar match up to $50 each month.

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1 The IRS limits the maximum amount of compensation that may be recognized for retirement purposes. Annual limits are published at irs.gov.

2 If the member withdraws money from the 401(k) account balance prior to age 59 ½, they may be subject to an early distribution tax.
Contributions to your Retirement

Your retirement is funded by contributions from both the State of Tennessee and you, the member. Contributions to TCRS are deducted pre-tax. Contributions to the 401(k) plan may be made on a pre-tax or after-tax (Roth) basis.

<table>
<thead>
<tr>
<th>Contributions</th>
<th>Employer</th>
<th>Member</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCRS</td>
<td>4%</td>
<td>5%</td>
<td>9%</td>
</tr>
<tr>
<td>401(k)</td>
<td>5%</td>
<td>2%</td>
<td>7%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>9%</strong></td>
<td><strong>7%</strong></td>
<td><strong>16%</strong></td>
</tr>
</tbody>
</table>

Designate a Beneficiary

One of the most important decisions a member can make is to designate a beneficiary(s). Designations for your TCRS benefit and the 401(k) account are made separately. In the event of a member's death, survivor benefits may be available to designated beneficiaries. Situations such as marriage, divorce, remarriage, or death do not automatically change a designated beneficiary(s).

For more information on designating a beneficiary, visit RetireReadyTN.gov.

Contact Us

Call (800) 922-7772 Monday through Friday 8:00 a.m. to 7:00 p.m. CT
Visit www.RetireReadyTN.gov @RetireReadyTN
For complete plan information, please refer to the Hybrid Member Guide.

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3Employer contributions to TCRS are not refundable and 401(k) contributions are pre-tax only.
4The employee's contribution to the 401(k) plan may be modified at any time. If the employee was auto enrolled in the plan, the employee has a 90 day window to opt out of the 401(k) plan and obtain a refund of the 2% employee contribution. New members will receive notice on how to opt out and or change their contribution amount. Members may also go online to make any changes to their accounts at RetireReadyTN.gov. Contributions are subject to Internal Revenue Service (IRS) limitations, $18,500 for 2018.
The University of Tennessee
Hybrid Retirement Plan
Premium Distribution Specification Form

Name ________________________________________________
Last       First       MI

Personnel Number ________________________________

Hire Date __________________

☐ New Enrollment
    Fu II -Time
    Part-Time

☐ Change of Distribution-
    Date: ____________

☐ Restart Contributions
    Date: ____________

PART I:
Participation Election — Indicate choice by placing a check in the appropriate box

☐ I hereby elect to participate in the Optional Retirement Program Hybrid and, thereby, waive my right to participate in the Tennessee Consolidated Retirement System. (Complete Part II & Part III)

OR

☐ I hereby elect to participate in the Tennessee Consolidated Retirement System Hybrid, and thereby, waive my right, at this time, to participate in the Optional Retirement Program. (Complete Part III)

I have read the foregoing instrument and have elected to join either the ORP Hybrid or the Tennessee Consolidated Retirement System Hybrid and execute a waiver of all prospective benefits in the plan for which I have elected not to join.

PART II:
You may specify distribution of your ORP Hybrid premiums among the three companies. You must specify a percentage (no fractions) to each company in such a way that the sum of the percentages equals 100%. Each percentage must be a whole number.

WARNING! If you are specifying a distribution to a company for the first time, you must complete the enrollment process for that company.

Online Confirmation Number: ________________________________
or Date & Time of Enrollment

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Code Number</th>
<th>Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Distribution to TIAA</td>
<td>403586</td>
<td>____%</td>
</tr>
<tr>
<td>Total Distribution to AIG</td>
<td>25500</td>
<td>____%</td>
</tr>
<tr>
<td>Total Distribution to VOYA</td>
<td>VFZ294</td>
<td>____%</td>
</tr>
</tbody>
</table>

PART III:

Signature ____________________________
Date ____________________________

Revised 07/29/2019
This election is made with the understanding that you must participate in either the Optional Retirement Program (ORP) or the Tennessee Consolidated Retirement System (TCRS) under the following conditions:

(1) You cannot participate in both plans at the same time;

(2) Election to participate in the ORP is irrevocable as long as employment is continuous. If transferred to another state institution where the ORP is available, you must continue to participate in the ORP; and

(3) Under current law, a member of TCRS who is eligible to participate in the ORP may elect to transfer prospective membership to the ORP upon complying with specified filing requirements. Employee contributions may be transferred, but employer funds will not be transferred.

Please select one of the following:

☐ I hereby elect to participate in the **Optional Retirement Program** and, thereby, waive my right to participate in the **Tennessee Consolidated Retirement System**.

☐ I hereby elect to participate in the **Tennessee Consolidated Retirement System** and, thereby, waive my right, at this time, to participate in the Optional Retirement Program.

### SECTION 1. APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Member ID</th>
<th>Last 4 SSN XXX-XX-</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th>Department Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Tennessee</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title of Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Employment</th>
<th>Date of First ORP Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you ever been a member of the Tennessee Consolidated Retirement System?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, give the name of the Department in which you were employed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you ever made contributions to the ORP through a school located in Tennessee?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, give the name of the school or institution</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have read the foregoing instrument and have elected to join either the ORP or the TCRS and execute a waiver of all prospective benefits in the plan for which I have elected not to join.

Applicant's Signature: ____________________________
Date: __________
### B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

#### Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)

- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

<table>
<thead>
<tr>
<th>% of Account Balance</th>
<th>Primary Beneficiary Name</th>
<th>Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Account Balance</td>
<td>Primary Beneficiary Name</td>
<td>Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</td>
</tr>
<tr>
<td>( )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Account Balance</td>
<td>Primary Beneficiary Name</td>
<td>Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</td>
</tr>
<tr>
<td>( )</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phone Number (Optional)
- Spouse
- Child
- Parent
- Grandchild
- Sibling
- My Estate
- A Trust
- Other
- Domestic Partner

#### Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)

<table>
<thead>
<tr>
<th>% of Account Balance</th>
<th>Contingent Beneficiary Name</th>
<th>Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Account Balance</td>
<td>Contingent Beneficiary Name</td>
<td>Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</td>
</tr>
<tr>
<td>( )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Account Balance</td>
<td>Contingent Beneficiary Name</td>
<td>Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</td>
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<tr>
<td>( )</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)

<table>
<thead>
<tr>
<th>% of Account Balance</th>
<th>Contingent Beneficiary Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td>(Name of Individual, Trust, Charity, etc.)</td>
<td>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</td>
</tr>
</tbody>
</table>

Phone Number (Optional)

- Spouse
- Child
- Parent
- Grandchild
- Sibling
- My Estate
- A Trust
- Other
- Domestic Partner

C Participant Consent for Beneficiary Designation (Please sign on the 'Participant Signature' line below.)

I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to and in accordance with the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.

This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).

I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC website at: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

Participant Signature __________________________ Date (Required) __________________________

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

D Mailing Instructions

After all signatures have been obtained, this form can be sent by

Fax to: OR Regular Mail to: OR Express Mail to:

Empower Retirement
1-866-745-5766

Empower Retirement
PO Box 173764
Denver, CO 80217-3764

Empower Retirement
8515 E. Orchard Road
Greenwood Village, CO 80111

We will not accept hand delivered forms at Express Mail addresses.

Securities offered through GWFS Equities, Inc., Member FINRA/SIPC, and/or other broker-dealers. Retirement products and services provided by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY, and their subsidiaries and affiliates, including GWFS and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.