Form ORP-2A
(Rev. 10/1999)

NOTICE OF CHANGE IN INVESTMENT ELECTION OPTIONAL RETIREMENT PROGRAM

THE UNIVERSITY OF NORTH CAROLINA

Reset

Name: _____
(First) *(M.I.)* *(Last)*

Address: _____

City: _____ State: _____ Zip Code: _____

Employer: ***Select Your Institution***
(Public Senior Institution)

S.S.# _____

Date of Birth: _____/____/_____

Date of Eligible Employment: ____/____/____

Faculty Rank/ SAAO Title: _____

CHANGE IN INVESTMENT ELECTION:

By my signature below, I authorize The University of North Carolina to change my election and to remit my contributions along with University contributions to the following carrier(s). 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.

	Select one from each column Employee	University
Fidelity Investments	☐	☐
Lincoln Life	☐	☐
TIAA-CREF	☐	☐
VALIC	☐	☐

Note: This change will become effective as soon as it can reasonably be accommodated by payroll processing.

Employee: _____ Date: _____/____/_____

EMPLOYER CERTIFICATION:

I hereby certify that the above-named employee is currently eligible to participate in the Optional Retirement Program and is thereby eligible to effectuate this change in contribution direction.

For the institution: _____ Title: _____
Name

Signature: _____ Date: _____/____/_____

Original = Institution Copy = Employee