State of Tennessee Optional Retirement Program

Verification of Eligibility for Exception to Lifetime Distribution Requirement

For Terminated Participants With Less Than $15,000 in the Program
Calendar Year 2017

Instructions — If you have totally and permanently separated from service with The State of Tennessee and have less than $15,000 in the Tennessee Optional Retirement Program, you qualify for an exception to the program's lifetime distribution requirement. You may withdraw funds from the program in any manner permitted by the company or companies you use. To do so, you must attach a completed copy of this form to each benefit application you submit to VOYA, TIAA, and/or VALIC. Complete Part I yourself, then have your last employer complete Part II. If you were employed by the Tennessee Board of Regents, you must furnish your last employer with copies of your most recent quarterly statements from all of the companies you have used in Tennessee's Optional Retirement Program.

Part I — To Be Completed by Participant

I have separated from service with the State of Tennessee. I have received my final paycheck and do not expect to be reemployed with an institution covered by Tennessee's Optional Retirement Program in the upcoming school year. The total I have accumulated with VOYA, TIAA, and VALIC in Tennessee's Optional Retirement Program does not exceed $15,000.

Participant's Name _____ Participant's Social Security Number _____

Participant's Signature _____ Date _____

Part II — To Be Completed by UT Retirement Office or Payroll Officer of TBR Institution

☐ This participant was employed by the University of Tennessee. Our records indicate that this participant has an aggregate total balance of $_____* in his Tennessee Optional Retirement Program accounts with VOYA, TIAA, and VALIC; OR

☐ This participant was employed by the Tennessee Board of Regents. Our institution's contribution records and the participant's current quarterly statements indicate the following:

	Total ORP Contributions	Account Balance
VOY	$_____	$_____
TIAA	$_____	$_____
VALIC	$_____	$_____
TOTAL	$ 0 *	$ 0 *

Date Participant's Final Paycheck Was Issued _____ Today's Date _____

Signature _____ Name _____

Title _____ Institution _____

* Do not complete this form if Total amount exceeds $15,000.