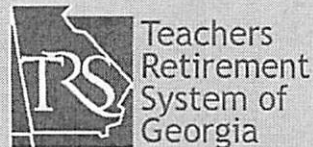


Regents Optional Retirement Plan Election



As provided for by the Regents Optional Retirement Plan legislation, I hereby give notice to the Teachers Retirement System of Georgia (TRS) Board of Trustees of my selection of the optional retirement plan.

▼ To Be Completed by Employee -- please print clearly

- -

Social Security Number

Date of Birth

Last Name

First Name

Middle Initial

Address

City

State

Zip Code

I understand that this selection is irrevocable during the tenure of my employment in a covered position with the Board of Regents.

Employee's Signature

Date

▼ To Be Completed by Employer -- please print clearly

I hereby certify that the above employee is eligible to join the Regents Optional Retirement Plan (ORP).

This employee is newly hired in an eligible position on _____
Employment Date

Reporting Employer's Name

Approving Authority's Signature

Date

Authority's Printed Name

Title

ME-2