



Vendor Selection Change

Form 4S-ORP – Revised 8/16/2012

Please print or type in black ink. The completed form should be maintained in the employee's personnel file, and a copy of the completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Participant Information

First Name: _____ MI: _____ Last Name: _____ Gender: M F

Social Security No.: _____ Birth Date mm/dd/ccyy: _____

2 Vendor Selection

Select one: New Change

I designate the following whole percentage increments of not less than 25 percent with the companies listed below, which equal 100 percent. **The total must equal 100 percent.** I understand that I may change my future contribution designation January 1, April 1, July 1, and October 1, if this form is received at the Payroll Office by the 15th of the prior month.

_____ % ING Life Insurance and Annuity Company

_____ % Teachers Insurance and Annuity Association – College Retirement Equities Fund (TIAA-CREF)

_____ % Variable Annuity Life Insurance Company (VALIC)

_____ % **Total** (Must equal 100)

3 Participant Certification

I hereby certify that I have made the above vendor selection and contribution percentage designation. Furthermore, I am aware of the restrictions of changing future contribution percentage designations.

Participant's Signature: _____ Date mm/dd/ccyy: _____