

**OPTIONAL RETIREMENT PROGRAM OF THE UNIVERSITY OF NORTH CAROLINA  
NOTICE OF CHANGE IN RETIREMENT VENDOR**

<b>FORM ORP-2</b>
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**SECTION A. EMPLOYEE DATA**

FIRST NAME	MI	LAST NAME		
MAILING ADDRESS			DATE OF BIRTH (MM/DD/YYYY)	EMPLOYEE ID
CITY	STATE	ZIP CODE	EMAIL ADDRESS	TELEPHONE NUMBER
EMPLOYER (UNC SYSTEM INSTITUTION)			DATE OF ELIGIBLE EMPLOYMENT (MM/DD/YYYY)	

**SECTION B. RETIREMENT ELECTION CHANGE**

I authorize The University of North Carolina to change my election and to remit my contributions along with the University contributions to the following retirement vendor. 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.

INVESTMENT CARRIER SELECTION (select one):                       FIDELITY                       TIAA

I, as the employee, must complete the vendor enrollment application with the selected retirement vendor to elect investments. This change will only affect future contributions.

The current balance of UNC ORP funds held by my previous retirement vendor will remain with that vendor unless and until I request a direct transfer to the other vendor. I understand that all direct transfers are at my discretion and are to be managed between myself and my retirement vendors.

**SECTION C. EMPLOYEE CERTIFICATION**

My signature below certifies that I understand my UNC Optional Retirement Program election will become effective as soon as it can be reasonably accommodated by payroll processing.

EMPLOYEE SIGNATURE	DATE
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Form ORP-2 (Rev. 10/19)