TO DO LIST – Non-Exempt
RETURN FORMS TO THE APPROPRIATE LOCATION
UT Tower Payroll Office - 505 Summer Place, Knoxville, TN 37902 (Postal Address)

RETIREMENT– MANDATORY – MUST SELECT ONE WITHIN TWO WEEKS OF HIRE
Email forms to: Retirement@tennessee.edu

Please Note – All forms submitted must have a certified signature or wet signature. We are unable to accept typed or digital signatures.

Tennessee Consolidated Retirement System Hybrid
(Available to Non-Exempt Employees)
☒ Consolidated Retirement System Membership – *Enrollment is automatic for Non-Exempt Employees*

☐ Complete TCRS Beneficiary form TR-0352.

DEFERRED COMPENSATION – OPTIONAL
Watch mail for letter from Empower Retirement – choose beneficiary and investment choices.
RetireReady TN

- ☐ 401(k) – *Auto-Enrollment for 2% - up to a $50 UT match per month. May Opt-Out within first 90 days.*
- ☐ 401(k) ROTH – Same enrollment form as the traditional 401k.
- ☐ 457

UT 403b Deferred Compensation Plan Enrollment

- ☐ 403(b) Enrollment form – Must enroll with a company before submitting enrollment form.

Knoxville Area

(UT Foundation, UT Institute of Agriculture, UT Institute for Public Service, UT Knoxville, UT System Administration)

Ashley Greene
agreene7@tennessee.edu
865-974-1441

Wanda Plankey
wplankey@tennessee.edu
865-974-8229

Retirement@tennessee.edu
865-974-5251 option 2

EMPOWER RETIREMENT
Denver Office 800-922-7772

UT Contacts
Jeff Flowers Jeff.Flowers@empower-retirement.com 423-290-9670 615-564-7022

TIAA Contacts

Speak with a Representative 800-842-2776 Automated Telephone Service 800-842-2252

Schedule an In-Office Appointment 800-732-8353
UT Contacts
East Tennessee: Josh Greer Joshua.Greer@tiaa.org 865-386-9977
Will Sadler William.Sadler@tiaa.org 704-988-5102

VOYA Contacts
Customer Service 800-525-4225
UT Contacts

Knoxville Area: William "Bill" Rutter (Primary) william.rutter@voyafa.com 865-599-0344 (phone)
865-966-9453 (fax)

RETIRE READY
TENNESSEE'S RETIREMENT PROGRAM

A program of the Tennessee Treasury Department | David H. Lillard, Jr., Treasurer

Hybrid Retirement Plan Information for General State & Higher Education Employees hired on or after July 1, 2014

RetireReadyTN is the state's retirement program, combining the strengths of a defined benefit plan provided by the Tennessee Consolidated Retirement System (TCRS), a 401(k) plan offered by Empower Retirement, and retirement readiness education. We strive to empower public employees to take actionable steps toward preparing for the future.

Full-time state employees hired after June 30, 2014 are members of the Hybrid Retirement Plan for State Employees and Teachers ("Hybrid Plan") as a condition of employment.

RETIRE READY

Tennessee Consolidated Retirement System | 401(k) Plan | Retirement Readiness Education

About Tennessee Consolidated Retirement System (TCRS)

- TCRS provides a lifetime monthly benefit at retirement once eligibility has been met.
- General state employees become vested in TCRS upon completing at least 5 years of creditable service with a TCRS-covered employer.
- Vested members are eligible for an unreduced retirement benefit at age 65 or based on the rule "Rule of 90" (years of service + age = 90 or greater)
- Benefits are calculated based on the member's years of creditable service, age, the benefit accrual factor, and average final compensation (AFC). AFC is the average of the highest five consecutive years of compensation.

Benefit Calculation Example		
Accrual Factor		1.00%
Average Final Compensation	x	$30,000
Years of Creditable Service	x	30
Annual Benefit[1]	=	$9,000
	÷	12
Regular Monthly Benefit	=	$750.00

About the 401(k)

- The amount a member has available in retirement is based on contributions, plus any accumulated earnings.
- Members are immediately vested in the 401(k). Upon terminating employment or retiring, an employee may leave the account balance in the plan, roll it over to another qualified plan, or begin taking distributions.[2]
- Members select their investment options based on their individual goals, risk tolerance, and timeline.
- State employees are eligible for a dollar-to-dollar match up to $50 each month.

[1]The IRS limits the maximum amount of compensation that may be recognized for retirement purposes. Annual limits are published at irs.gov.

[2]If the member withdraws money from the 401(k) account balance prior to age 59 ½, they may be subject to an early distribution tax.

Retirement Readiness Education

In addition to strong retirement plans, Retire*Ready*TN offers retirement readiness education and retirement counseling to all members. Members can meet with a local retirement plan advisor for assistance with retirement planning or to discuss any other financial planning needs. These services are provided to members at no additional fee. To find your local representative and schedule a one-on-one or group meeting, please visit the "Resources" tab at Retire*Ready*TN.gov.

Contributions			
	Employer[3]	Member	Total
TCRS	4%	5%	9%
401(k)	5%	2%[4]	7%
TOTAL	**9%**	**7%**	**16%**

Contributions to your Retirement

Your retirement is funded by contributions from both the State of Tennessee and you, the member. Contributions to TCRS are deducted pre-tax. Contributions to the 401(k) plan may be made on a pre-tax or after-tax (Roth) basis.

Designate a Beneficiary

One of the most important decisions a member can make is to designate a beneficiary(s). Designations for your TCRS benefit and the 401(k) account are made separately. In the event of a member's death, survivor benefits may be available to designated beneficiaries. Situations such as marriage, divorce, remarriage, or death do not automatically change a designated beneficiary(s).

For more information on designating a beneficiary, visit Retire*Ready*TN.gov.

Contact Us

Call **(800) 922-7772** Monday through Friday 8:00 a.m. to 7:00 p.m. CT

Visit **www.Retire*Ready*TN.gov** **@Retire*Ready*TN**

For complete plan information, please refer to the Hybrid Member Guide.

[3]Employer contributions to TCRS are not refundable and 401(k) contributions are pre-tax only.

[4]The employee's contribution to the 401(k) plan may be modified at any time. If the employee was auto enrolled in the plan, the employee has a 90 day window to opt out of the 401(k) plan and obtain a refund of the 2% employee contribution. New members will receive notice on how to opt out and or change their contribution amount. Members may also go online to make any changes to their accounts at RetireReadyTN.gov. Contributions are subject to Internal Revenue Service (IRS) limitations, $18,500 for 2018.

Active Member Change of Beneficiary

Tennessee Consolidated Retirement System
502 Deaderick Street
Nashville, Tennessee 37243-0201
1-800-770-8277 ◆ http://tcrs.tn.gov

Please complete this form if you are currently an active member and would like to change your beneficiary on file with the Tennessee Consolidated Retirement System ("TCRS"). Confirmation of your change of beneficiary will be mailed to the address you provide.

SECTION 1. MEMBER INFORMATION

Member ID	Last 4 SSN XXX-XX-	Date of Birth
Full Name		
Mailing Address		
City	State	Zip Code
Email		Phone Number

The laws governing TCRS provide that you may designate more than one person as your beneficiary. For TCRS purposes, the term "person" means any individual, firm, organization, partnership, association, corporation, estate or trust. **Estates, multiple beneficiaries and institutions are eligible for lump-sum distributions only. If you list two or more persons, you have named multiple beneficiaries and they may share equally in any lump-sum payment. If you have never made contributions to TCRS, no lump-sum payment will be made and your spouse may be the only person eligible for any type death benefit.** If you name your spouse as beneficiary, he/she may be entitled to monthly benefits should you die in service. Secondary or contingent beneficiaries are not permitted. Contact TCRS if you have any questions.

If available, I elect Option 1 for my beneficiary in the event of my death. I, the member, revoke any previous beneficiary nominations and direct that the above designation supersede any previously filed; provided, however, in the event I named my spouse and another person or persons as beneficiary herein and no death benefit is payable as a result thereof, I direct TCRS to revoke such designation and substitute my spouse instead as sole beneficiary.

SECTION 2. BENEFICIARY INFORMATION *(If additional space is needed, please attach a separate sheet.)*

Individual 1: Full Name	
Date of Birth	SSN
Relationship to TCRS Member	Gender ☐ Male ☐ Female

Member's Signature **Date**

SECTION 2. BENEFICIARY INFORMATION *(continues)*

Individual 2: Full Name

Date of Birth | SSN | Gender ☐ Male ☐ Female

Relationship to TCRS Member

Individual 3: Full Name

Date of Birth | SSN | Gender ☐ Male ☐ Female

Relationship to TCRS Member

Individual 4: Full Name

Date of Birth | SSN | Gender ☐ Male ☐ Female

Relationship to TCRS Member

Individual 5: Full Name

Date of Birth | SSN | Gender ☐ Male ☐ Female

Relationship to TCRS Member

Individual 6: Full Name

Date of Birth | SSN | Gender ☐ Male ☐ Female

Relationship to TCRS Member

Institution or Estate 1 (If you name a trust, please attach a copy of the Trust Document):

Name | SSN or Tax ID

Address

City | State | Zip Code

Institution or Estate 2 (If you name a trust, please attach a copy of the Trust Document):

Name | SSN or Tax ID

Address

City | State | Zip Code

Institution or Estate 3 (If you name a trust, please attach a copy of the Trust Document):

Name | SSN or Tax ID

Address

City | State | Zip Code

Member's Signature | **Date**

Beneficiary Designation
401(k) Plan

State of Tennessee 401(k) Plan **98986-02**

For My Information

- *For questions regarding this form, visit the website at www.retirereadytn.gov or contact Service Provider at 1-800-922-7772.*
- *Use black or blue ink when completing this form.*

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

Social Security Number *(Must provide all 9 digits)* ☐☐☐ - ☐☐ - ☐☐☐☐

Last Name First Name M.I.
(The name provided MUST match the name on file with Service Provider.)

Date of Birth / /

Daytime Phone Number ( )

Email Address

Alternate Phone Number ( )

❑ Married ❑ Unmarried

B Beneficiary Designation *(Attach an additional sheet to name additional beneficiaries.)*

Primary Beneficiary Designation *(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)*

- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

% of Account Balance %
Primary Beneficiary Name *(Name of Individual, Trust, Charity, etc.)*
Phone Number *(Optional)* ( )
Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other
❑ Domestic Partner

% of Account Balance %
Primary Beneficiary Name *(Name of Individual, Trust, Charity, etc.)*
Phone Number *(Optional)* ( )
Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other
❑ Domestic Partner

% of Account Balance %
Primary Beneficiary Name *(Name of Individual, Trust, Charity, etc.)*
Phone Number *(Optional)* ( )
Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other
❑ Domestic Partner

Contingent Beneficiary Designation *(Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)*

% of Account Balance %
Contingent Beneficiary Name *(Name of Individual, Trust, Charity, etc.)*
Phone Number *(Optional)* ( )
Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other
❑ Domestic Partner

% of Account Balance %
Contingent Beneficiary Name *(Name of Individual, Trust, Charity, etc.)*
Phone Number *(Optional)* ( )
Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other
❑ Domestic Partner

Last Name	First Name	M.I.	Social Security Number	98986-02 Number

B Beneficiary Designation *(Attach an additional sheet to name additional beneficiaries.)*

Contingent Beneficiary Designation *(Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)*

% of Account Balance %

Contingent Beneficiary Name *(Name of Individual, Trust, Charity, etc.)*

Phone Number *(Optional)* ( )

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*

❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other ❑ Domestic Partner

C Participant Consent for Beneficiary Designation *(Please sign on the 'Participant Signature' line below.)*

I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to and in accordance with the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.

This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. **Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).**

I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC website at: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

Participant Signature _____ **Date *(Required)*** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

D Mailing Instructions

After all signatures have been obtained, this form can be sent by

Fax to:
Empower Retirement
1-866-745-5766

OR

Regular Mail to:
Empower Retirement
PO Box 173764
Denver, CO 80217-3764

OR

Express Mail to:
Empower Retirement
8515 E. Orchard Road
Greenwood Village, CO 80111

We will not accept hand delivered forms at Express Mail addresses.

Securities offered through GWFS Equities, Inc., Member FINRA/SIPC, and/or other broker-dealers. Retirement products and services provided by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY, and their subsidiaries and affiliates, including GWFS and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.