

**RETIREMENT PLAN SELECTION FORM**  
**UNIVERSITY OF MARYLAND SYSTEM**

I, \_\_\_\_\_, SSN \_\_\_\_\_,  
request that the following action relating to the Retirement Plan indicated below be taken on my  
behalf (**Please select only one action and one company**):

Enroll \_\_\_\_\_                      Change \_\_\_\_\_

\_\_\_\_\_ MSPS  
\_\_\_\_\_ TIAA-CREF \*                      \_\_\_\_\_ Fidelity\*

In order to enroll in the plan of my choice, I will submit the appropriate enrollment form(s) and the required proof of identity (Driver's License or passport) as soon as possible after my employment begins. I understand that a decision to join the ORP is irrevocable, but if I decide to join the MSPS I will be allowed to switch to the ORP within the first year after my initial decision.

\*Optional Retirement Plan (ORP)

**Method of Contribution by University (select only one):**

\_\_\_\_\_ **Optional Retirement Program**

*By choosing this option, I recognize that the University will contribute 7.25% of my base annual salary to the Optional Retirement Plan designated above on my behalf. No money will be deducted from my salary.*

\_\_\_\_\_ **Maryland State Modified Teachers/Employees Pension System (MSPS)**

*By choosing this option, I recognize that the University will contribute a percentage of my base annual salary to the Maryland State Retirement/Pension System on my behalf. This percentage amount may fluctuate with each fiscal year. In addition, a mandatory contribution will be withheld from my paycheck totaling 3% of my reported annual salary in FY07; 4% in FY08; and 5% in FY09 and beyond.*

By signing this form, I understand that I may only participate in one plan at any given time. I am also aware that I am entitled to change ORP vendors one time per calendar year.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

USM Representative: \_\_\_\_\_

Date: \_\_\_\_\_