PERS Form 4E

ORP ELECTION/VENDOR SELECTION

AN ALTERNATIVE TO PERS MEMBERSHIP

For PERS Use Only

Instructions: Please print or type in black ink. The completed form is to be maintained in employee's personnel file. PERS may request or review the form as necessary.

MEMBER INFORMATION

SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/ccyy) / /
Name FIRST	MI LAST

ELECTION OF MEMBERSHIP IN THE OPTIONAL RETIREMENT PLAN

I am an employee of the Institutions of Higher Learning of the State of Mississippi, holding the position of teacher or administrative faculty, and am eligible to participate in the Optional Retirement Plan (ORP). I understand that in the absence of making an election to participate in such Optional Retirement Plan, I automatically become a member of the Public Employees' Retirement System of Mississippi (PERS). I understand that ORP is an alternative to PERS membership and not a supplemental deferred compensation plan.

I certify that I have been provided information about PERS, including information regarding prior service, military credit, unused leave, death and disability protection, as well as information about the Optional Retirement Plan and the vendors participating in the Plan. By executing this election, I do hereby, for myself, my heirs, assigns and representatives, waive, renounce and reject all my prior service rights and future service benefits in the annuity retirement part of the Public Employees' Retirement System of Mississippi and I fully understand that I shall obtain no rights thereunder.

I acknowledge that the law provides that the contributions made to my account under the Optional Retirement Plan will be employee contributions of 7.25% of earned compensation plus employer contributions of 8.25% of earned compensation up to a maximum of $150,000 of earned compensation.

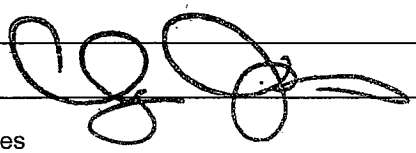
By executing this form, I hereby elect to participate in the Optional Retirement Plan with the full knowledge that my decision is irrevocable and that I will be a member of the ORP, so long as I hold a position eligible for such plan. Further, for and on behalf of my heirs, executors or assigns, I do hereby agree to indemnify and save harmless the Public Employees' Retirement System of Mississippi and the Institutions of Higher Learning from any and all damages or other liabilities arising from my decision to elect to participate in the Optional Retirement Plan.

MEMBER AUTHORIZATION

SIGNATURE OF MEMBER	DATE OF SIGNATURE (mm/dd/ccyy) / /
POSITION TITLE	DATE OF ORP ELIGIBILITY (mm/dd/ccyy) / /

EMPLOYER CERTIFICATION

I certify that this employee is eligible to participate in the Optional Retirement Plan and that by executing this document has elected to participate in the Optional Retirement Plan.

NAME OF EMPLOYER **University of Mississippi**	AGENCY NUMBER 69-065-0001-034
AUTHORIZED SIGNATURE 	DATE OF SIGNATURE (mm/dd/ccyy) / /
TITLE Director of Human Resources	TELEPHONE NUMBER (662) 915 - 7431

VENDOR SELECTION

I designate the following whole percentage increments of not less than 25% with the companies listed below which equal 100 percent:

%	ING Life Insurance and Annuity Company
%	Teachers Insurance and Annuity Association - College Retirement Equities Fund (TIAA-CREF)
%	Variable Annuity Life Insurance Company (VALIC)

The total must equal 100%.

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.

EMPLOYEE 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.

SIGNATURE OF MEMBER	DATE OF SIGNATURE (mm/dd/ccyy) / /