

Georgia Defined Contribution Plan

Two Northside 75 Suite 300 Atlanta, GA 30318
(404) 352-6400

Social Security Number

____ / ____ / ____

Application for Membership

- Please type or print in ink. Enter your Social Security number in the upper right hand box. Then complete Section 1. List your name as it appears on your Social Security Card. Give the completed application to your Personnel Officer. DO NOT SEND TO GDCP.

■ SECTION 1 ■

Name _____
last first middle or maiden

Address _____
number street (Apt. #)
_____ city state zip

Date of Birth ____ / ____ / ____
Month Day Year
Check one (x) Male () Female ()

State department in which employed _____
OR
Unit of Board of Regents in which employed _____

DESIGNATION OF BENEFICIARY

The contingent beneficiary is valid only if the primary beneficiary is deceased.
Please read the reverse side for instructions on the designation of joint beneficiaries.

Primary Beneficiary _____

Relationship _____ Date of Birth _____

Address _____

Contingent Beneficiary _____ Date of Birth _____

Address _____

SIGNATURE (do not print) _____ Date _____

■ SECTION 2 ■

PERSONNEL/PAYROLL USE ONLY: Date Employed _____

NOTE: The employee contribution rate is 7 1/2% of the gross compensation

DEFINED CONTRIBUTION PLAN Membership Application

Instructions for Employee

Enter your Social Security number in the upper right hand box. Complete Section 1. Please make sure that you give all information requested. The application must have your signature and date.

You should designate a Primary and a Contingent Beneficiary. The Contingent Beneficiary is valid only if the Primary Beneficiary is deceased at the time of your death.

You may designate joint beneficiaries who will share and share alike if the following procedure is used.

1. List all beneficiaries under the Primary Beneficiary space (or use a separate sheet of paper and attach to this form.)
2. If you wish for joint beneficiaries to share equally, then write in the margin - "To Share and Share Alike." If you wish for joint beneficiaries to receive varying portions, then write the percentage that you wish for them to receive next to each name. The total amount designated must equal 100%.

Instructions for Personnel Officer

1. Check the application, making sure that the employee has filled in all appropriate information. If any information is missing, return the application to the applicant for completion.
2. Enter the date of employment in Section 2.
3. Send the application to ERS with the monthly retirement report.