



**OPTIONAL RETIREMENT PLAN (ORP) VENDOR SELECTION FORM
UNIVERSITY SYSTEM OF MARYLAND (USM)**

In order to enroll in the Optional Retirement Plan and select the ORP Vendor of my choice,
I, _____, SSN _____,
(First Name Middle Initial Last Name)

have attached an "Election Not to Participate in the MD State Pension System" form (MSRA-60),
and the required proof of identity (see reverse side).

I select the following vendor and action (Please select one vendor and one action):

VENDOR:

FIDELITY INVESTMENTS _____ TIAA-CREF _____

ACTION:

Enroll:

VALID TYPES OF IDENTIFICATION