

Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



# Georgia Defined Contribution Plan

Two Northside 75, Suite 300, Atlanta, GA 30318

Voice (404) 350-6300 1-800-805-4609

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## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ Check one (x): Male ( ) Female ( )  
month day year

Agency/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 \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Signature (do not print) \_\_\_\_\_ Date \_\_\_\_\_

### # SECTION 2 #

PERSONNEL/PAYROLL USE ONLY: Date Employed \_\_\_\_\_

Company #: \_\_\_\_\_ Phone #: \_\_\_\_\_

FAX#: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

## **GEORGIA 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 GDCP with the monthly retirement report.