



Georgia Defined Contribution Plan
Two Northside 75, Suite 300, Atlanta, GA 30318
(404) 352-6400 GIST 271-6400

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 GDGP.

■ 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

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 _____

Relationship _____ Date of Birth _____

Address _____

Signature (do not print) _____ Date _____

■ SECTION 2 ■

PERSONNEL/PAYROLL USE ONLY: Date Employed _____

NOTE: The employee contribution rate is 7 ½% of the gross compensation.