



Alternative Retirement Plan Vendor Change Form

Human Resources
3640 Colonel Glenn Hwy.
University Hall, Suite 200
Dayton, OH 45435-0001
Tel: (937) 775-2120 Fax: (937) 775-3040

As a participant in the Ohio Alternative Retirement Plan (ARP) at Wright State University, you are entitled to change your ARP vendor at any time during the year. You must contact your selected vendor in advance to establish your account. Contact information for the ARP vendors is available at www.wright.edu/hr/benefits. This change request will be effective based upon receipt by Human Resources, verification of the new ARP account, and payroll deadlines.

Employee Information:

Last Name:		First Name, Middle Initial:	
Social Security Number:	University ID:	Date of Hire:	Daytime Phone:
Department:		Email Address:	

Alternative Retirement Plan (ARP) Election:

My current ARP vendor is:	<input type="checkbox"/> AIG Retirement Services <input type="checkbox"/> Equitable Advisors <input type="checkbox"/> Fidelity Investments	<input type="checkbox"/> VOYA Insurance and Annuity Company L <input type="checkbox"/> TIAA
<p>I elect to <u>change</u> my ARP vendor to the provider indicated below. As required, I have already established a new account with this vendor. I understand that it is my responsibility to arrange for any transfer of my existing account balances (if a transfer is desired).</p>		
	<input type="checkbox"/> AIG Retirement Services <input type="checkbox"/> Equitable Advisors <input type="checkbox"/> Fidelity Investments	<input type="checkbox"/> Voya Insurance and Annuity Company <input type="checkbox"/> TIAA

Employee Certification:

This agreement shall remain in effect and is irrevocable until a new change form is completed. Please retain a copy of this form for your records and return the original form to Human Resources, 115 Medical Sciences Building, 3640 Colonel Glenn Hwy., Dayton, OH 45435-0001. Effective dates of contributions to the new vendor are based upon date of receipt by Human Resources, verification of the new ARP account, and payroll deadlines.

Employee Signature	Date
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Employer Use Only:		
Effective Date:	Pay Status: <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	Deduction Code: