

ARP Vendor Change Form

As a participant in the Ohio Alternative Retirement Plan (ARP) at Shawnee State University you are entitled to change your ARP vendor at any time during the year. Your vendor change will be effective based on receipt in Human Resources/Payroll and payroll processing deadlines (typically the first pay following the date Vendor Change forms are received by Human Resources/Payroll).

Section I: Personal Information

Full Name (please print)

Social Security Number
(optional)

SSU Employee ID

Daytime Phone Number

E-mail address

Section II: Election

My current ARP vendor is: _____

Effective on _____, I elect to change my ARP vendor to one of the following:

AXA Equitable
 AIG VALIC

TIAA-CREF
 VOYA

If you change ARP vendors, state legislation allows you to transfer all or part of your existing balance to the new vendor. Account transfers may be subject to withdrawal penalties. You **MUST** contact your chosen vendor to establish your account and arrange for the transfer of your account balance.

Section III: ARP Vendor Certification

New ARP Vendor Signature

Date

Section IV: Employee Certification

This agreement shall remain in full force and effect while I am employed at Shawnee State University and/or until a new provider election is made.

Employee Signature

Date

Retain a copy for your records

Return completed form to: Human Resources, Room 016, Administration Bldg, Portsmouth, OH 45662-4344

If you have questions, contact Malonda Johnson (740-351-3484) or Kara Arms (740-351-3464)