



Alternative Retirement Plan Vendor Change Form

As a participant in the Ohio Alternative Retirement Plan (ARP) at Ohio University you are entitled to change your ARP Vendor.

Employee Name: _____

Ohio EE #: _____

My current vendor is: _____

I elect to change my ARP vendor to:

Select only one of the following ARP vendors. You MUST contact your chosen vendor to establish your account.

AXA/ Equitable Life Insurance Co.

TIAA-CREF

Lincoln National

VALIC

Mass Mutual (The Hartford)

VOYA

Nationwide

Employee Certification

This agreement shall remain in full force and effect while I am continuously employed* and eligible for the Ohio Alternative Retirement Plan.

Employee Name: _____

Date: _____

OHIO Email: _____

*Continuously employed means that not more than one year intervenes between each period of employment by Ohio University.

RETURN TO: Human Resources, 169 West Union Street,
Human Resources and Training Center,
Athens, OH 45701-2979

If you have any questions, please contact Human Resources at (740) 593-1636 or planadministrator@ohio.edu

Office of Human Resources Certification

I certify that this agreement complies with the Alternative Retirement Plan Guidelines

Human Resources Signature: _____

Date: _____