



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 #: _____

Effective: _____, I elect to change my ARP vendor to:
(date)

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

- | | |
|--|------------------------------------|
| <input type="checkbox"/> AXA Equitable | <input type="checkbox"/> TIAA-CREF |
| <input type="checkbox"/> AIG/ VALIC | <input type="checkbox"/> VOYA |
-

Employee Certification

This agreement shall remain in full force and effect while I am continuously employed* and eligible for the Ohio Alternative Retirement Plan, or until a new vendor change form is submitted.

Employee Signature: _____ Date: _____ OHIO Email: _____

* Continuously employed means that not more than one year intervenes between each period of employment by an Ohio public institution of higher education in a position for which Alternative Retirement programs are available.

Office of Human Resources Certification

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

Human Resources Signature: _____ Date: _____

RETURN TO:

Mail:	Human Resources	Email: benefits@ohio.edu	Fax: (740) 593-0386
	Grosvenor Hall 324		
	1 Ohio University		
	Athens, OH 45701-2979		

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