Shawnee State University

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 once per calendar year. This form must be received in Human Resources by December 30. Your vendor change will be effective with your first pay issued in January.

Section I: Personal Information

Full Name (please print) ________________________________ Social Security Number—optional ________________________________ SSU Employee ID Number ________________________________

Daytime Phone Number ________________________________ E-mail address ________________________________

Section II: Election

My current ARP vendor is: ________________________________

Effective January 1, 20____, I elect to change my ARP vendor to one of the following:

__ Equitable Life Assurance Co. ________________________________
__ Nationwide Life Insurance Co. ________________________________
__ Great American Life Insurance Co. ________________________________
__ TIAA-CREF ________________________________
__ ING Financial Services (Aetna) ________________________________
__ VALIC ________________________________
__ Lincoln National Life Insurance Co. ________________________________

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 and eligible for the Ohio Alternative Retirement Plan (ARP). Only one vendor change may be made at the beginning of any calendar year.

Employee Signature ________________________________ Date ________________________________

Retain a copy for your records and return completed form by December 30

Return completed form to Human Resources, Room 016, Administration Building, Portsmouth, OH 45662-4344.

If you have questions, contact Malonda Johnson (740-351-3484) or Susie Ross (740-351-3481).