

Alternative Retirement Plan (ARP) Group Retirement Plan Vendor Change Form



Employee Name:	Employee Personnel Number:
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ARP Group Retirement Plan Vendor Change:

I elect to change my vendor allocation of employee and employer retirement plan contributions to the ARP vendor(s) selected below. Indicate 100% with the vendor you have chosen, or if choosing both vendors the total percentage must equal 100%

Fidelity _____ %
 TIAA _____ %

Certification:

I understand that it is my responsibility to allocate my total retirement plan contributions among the two approved vendors and to have completed enrollment with each selected vendor prior to directing contributions to a new ARP vendor. In the absence of such enrollment, I understand that contributions will be invested in the vendor's default investment fund until I choose alternative investments. I understand I must complete a new Alternative Retirement Plan Vendor Change Form to change vendors or allocations of contributions to the vendors. I understand that I may change plan vendors or allocations to plan vendors two times in a calendar year.

If I am making a change to my retirement plan contribution allocation, I understand that it is my responsibility to verify that the percentages of contributions being allocated to the ARP vendors match my selections above. I further understand that the return of any misdirected funds will be limited to the amount that is returned by the vendor based on the market value of amounts in the default investment fund that were misdirected.

Signature _____
Date

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