

Alternative Retirement Plan Allocation Change Form

Pennsylvania State System of Higher Education

Employee Name:

Employee SSN:

Alternative Retirement Plan Contribution Allocation Change:

Having completed new company enrollment(s) if I am adding companies, I elect to change my allocation of employee and employer retirement plan contributions as follows:

(check up to three)

- | | | | |
|--------------------------|--------------|-------|---|
| <input type="checkbox"/> | FIDELITY | _____ | % |
| <input type="checkbox"/> | TIAA-CREF | _____ | % |
| <input type="checkbox"/> | VALIC | _____ | % |
| | Total | _____ | % |

(Minimum of 1% for each company. Total must equal 100%)

Certification:

I understand that it is my responsibility to allocate my total retirement plan contributions among the three approved companies and to have completed enrollment with each selected company prior to directing contributions to a new ARP company. In the absence of such enrollment, I understand that contributions will be invested in the company's default investment fund until I choose alternative investments. I understand I must complete a new Alternative Retirement Plan Allocation Change Form to change companies or allocations of contributions to the companies. I understand that I may change plan companies or allocations to plan companies 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 companies 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 company based on the market value of amounts in the default investment fund that were misdirected.

Employee Signature

Date