

As a participant in the Ohio Alternative Retirement Plan (ARP) at The Ohio State University you are entitled to change your ARP vendor once per calendar year. This form must be received in the Office of Human Resources by December 15. Your vendor change will be effective with your first pay issued in January.

SECTION I: Personal Information

Print Employee's Name	Social Security Number (Optional)	OSU Employee ID # (Required)
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:
(Year)

- | | |
|--|--|
| <input type="checkbox"/> AXA/Equitable | <input type="checkbox"/> Nationwide Life Insurance Co. |
| <input type="checkbox"/> Great American Life Insurance Co. | <input type="checkbox"/> TIAA-CREF |
| <input type="checkbox"/> ING Financial Services | <input type="checkbox"/> AIG/VALIC |
| <input type="checkbox"/> Lincoln National Life Insurance Co. | |

If you change ARP vendors, state legislation allows you to transfer a portion or all of your existing ARP balance to the new vendor. Account transfers may be temporarily restricted based on account type. You must contact your new vendor to establish the account and to arrange for any desired transfer of your current account balance.

SECTION III: Employee Certification

This agreement shall remain in full force and effect while I am employed at Ohio State and eligible for the Ohio Alternative Retirement Plan (ARP). Only one vendor change may be made at the beginning of each calendar year.

Employee Signature	Date
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Retain a copy for your records and return completed form by December 15.

If you have questions, contact the Office of Human Resources Customer Service Center at (614) 292-1050, 800-678-6010, or service@hr.osu.edu.

Return completed form to: The Ohio State University, Office of Human Resources, Benefits Processing/ARP, 1590 North High Street, Suite 300, Columbus, OH 43201-2190.