

As a participant in the Ohio Alternative Retirement Plan (ARP) at The Ohio State University you are entitled to change your ARP provider at any time during the year. This form should only be completed by current ARP participants who wish to change their provider.

SECTION 1: PERSONAL INFORMATION

Employee's Full Name: First M.I. Last OSU Employee ID# (required)

Daytime Phone Number Email Address Social Security Number (optional)

I am paid: Monthly Biweekly

SECTION 2: ELECTION

My current ARP provider is: _____

Effective on or after: _____, I elect to change my ARP provider to one of the following:
(payday to be affected)

- | | |
|---|-------------------------------|
| AXA/Equitable | Nationwide Life Insurance Co. |
| Fidelity Investments | TIAA |
| The Hartford Financial Services Group, Inc. | VALIC |
| Lincoln National Life Insurance Co. | VOYA Financial Services |

New ARP Account Number/ Plan ID # (last four digits/characters only): _____

If you change ARP provider, state legislation allows you to transfer a portion or all of your existing ARP balance to the new provider. Account transfers may be temporarily restricted based on account type. You must contact your new provider to establish the account and to arrange for any desired transfer of your current account balance. ARP provider change will be effective based on receipt in OHR and payroll processing deadlines.

SECTION 3: DONOR STATEMENT OF UNDERSTANDING

This request to change providers shall remain in full force and effect while I am employed at Ohio State and/or until a new provider election is made.

Employee Signature

Date

Retain a copy for your records.

Return completed form to: The Ohio State University, Office of Human Resources,
1590 N. High Street, Suite 300, Columbus, OH 43201-2190, or fax to **614-292-7813**.