

**Instructions:** Mail or fax to the Office of Human Resources (information listed below) to make a change.

## SECTION 1: PERSONAL INFORMATION

Employee's Full Name:	First	M.I.	Last	OSU Employee ID# (required)
Home Mailing Address:	Street	City		State      Zip
Daytime Phone Number				Social Security Number (required)

## SECTION 2: RCP PROVIDER ELECTION (select only one)

- Currently contribute to TIAA, wish to switch to Fidelity Investments  
 No change in provider, distribution change only

**NOTE:** Change will occur on the date the form is received in OHR and applicable payroll deadlines. If you are changing providers, you must open an account with your chosen provider by completing and submitting the necessary paperwork available from the provider.

## SECTION 3: ELECTION OF DISTRIBUTION COMMENCEMENT DATE AND METHOD – 415(M) RETIREMENT PLAN

Employer and, if applicable, employee contributions made to the RCP will be placed in the 415(m) Plan once contributions to the RCP exceed the Internal Revenue Code Section 415(c) annual contribution limits. The 415(m) Plan is treated as a non-qualified, deferred compensation plan under tax law. Under the 415(m) plan, the "Benefit Commencement Date" may be no earlier than severance from service with Ohio State. **After the initial election, any changes must be made at least one year prior to the new commencement date and are not effective until one year after the date the election is made. If your new election does not comply with these requirements, the new election is invalid and your distribution date will revert to your initial election.** The forms of benefit payments under the 415(m) Plan are the same as those available under the RCP with the exception that a rollover or direct transfer to another plan is not permitted. Under the RCP, your benefit may be payable in the form of a lump-sum payment, an annuity, or systematic withdrawals, based on the distribution option and provider selected. You must elect your form of benefits under the 415(m) Plan before starting employee contributions to the 415(m) plan. If no benefit commencement date is elected, you will default to severance from service. If a complete method of payment is not elected, you will default to a lump-sum distribution payment. If neither benefit commencement date nor method of payment are elected, you will default to a lump-sum distribution payment as soon as administratively practicable following your severance from service.

### BENEFIT COMMENCEMENT DATE

**I elect to receive such benefits from Ohio State as soon as administratively practicable following (select one):**

- Severance from service (e.g., retirement, termination, death, etc.)     
  An age or date as specified: \_\_\_\_\_

### METHOD OF PAYMENT

**I designate the following method of payment (select one):**

Fidelity	TIAA		
<p><input type="checkbox"/> <b>Lump Sum</b></p> <p><input type="checkbox"/> <b>Systematic Withdrawal</b> <i>Payment to be paid:</i></p> <p><input type="checkbox"/> Monthly*    <input type="checkbox"/> Annually*</p> <p><i>Over:</i></p> <p><input type="checkbox"/> 5 years    <input type="checkbox"/> 10 years</p> <p><input type="checkbox"/> 15 years</p> <p><small>* May be changed at any time.</small></p>	<p><i>If selecting a TIAA annuity, you may be required at the time of distribution to modify your investment election. Please refer to the TIAA contract and/or prospectus or contact TIAA for additional detail.</i></p>		
<p><input type="checkbox"/> <b>Fixed-Period Annuity</b> <i>(Payment ranging from 5 to 30 years)</i></p> <p>_____ years</p>	<p><input type="checkbox"/> <b>One-Life Annuity</b> <i>Select one of the following Guaranteed Periods:</i></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> 10 years</p> <p><input type="checkbox"/> 15 years</p> <p><input type="checkbox"/> 20 years</p>	<p><input type="checkbox"/> <b>Two-Life Annuity</b> <i>Select one of the following Two-Life Annuities:</i></p> <p><input type="checkbox"/> Full benefit to survivor</p> <p><input type="checkbox"/> Two-thirds benefit to survivor</p> <p><input type="checkbox"/> One-half benefit to annuity partner</p> <p><input type="checkbox"/> Three-fourths benefit to annuity partner</p> <p><i>Select one of the following Guaranteed Periods:</i></p> <p><input type="checkbox"/> None      <input type="checkbox"/> 15 years</p> <p><input type="checkbox"/> 10 years    <input type="checkbox"/> 20 years</p>	

## SECTION 4: AUTHORIZATION

I hereby authorize the change as stated above.

Signature _____	Date _____
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**If you have questions, contact:**  
**Fidelity Investments:**  
 1-800-328-6608

**TIAA Columbus Office:**  
 614-659-1000  
 1-877-209-3138  
[tiaa.org/osurcp](http://tiaa.org/osurcp)

**Mail or fax to OHR:**  
 Office of Human Resources, Retirement Services/RCP  
 1590 N. High St., Suite 300, Columbus, OH 43201-2190  
 Fax: 614-292-7813