



**Alternative Retirement Plan
Vendor Change Form**

As a participant in the Ohio Alternative Retirement Plan (ARP) at The University of Akron, you are entitled to change your ARP vendor once per calendar month. Your vendor change will be effective on the first day of the following pay period. **Please return the completed form to:**

**Human Resources
Benefits Administration
Akron, OH 44325-0602
Phone: 330-972-7090
Fax: 330-972-2336
Email: benefits@uakron.edu**

Employee Name (Print)

Employee ID Number

Effective _____, I elect to change my ARP vendor from _____
(current provider)

to _____.
(new provider - check below)

Select only one of the following ARP vendors. You MUST contact your chosen vendor to establish your account.

- AIG
- Equitable
- TIAA
- Voya

Employee Certification

This agreement shall remain in full force and effect while I am continuously employed and eligible for the Ohio Alternative Retirement Plan. Only one vendor change may be made at the beginning of any calendar month.

Employee Signature

Date

Email Address

Phone Number