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:

Benefits Administration
Akron, OH 44325-0602
Phone: 330-972-7090
Fax: 330-972-2336

__________________________________________  _________________________________
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.

☐ Equitable Life Assurance Company
☐ Great American Life Insurance Company
☐ Lincoln National Life
☐ Nationwide Life Insurance Company
☐ TIAA-CREF
☐ VALIC
☐ Voya Financial Partners, Inc.

__________________________________________  _________________________________
Employee Signature                               Date

__________________________________________  _________________________________
Email Address                                                                       Phone Number