

ARP Vendor Change Form

As a participant in the Ohio Alternative Retirement Plan (ARP) at Bowling Green State University, you are entitled to change your ARP vendor effective the beginning of the next calendar year. This form must be received at the Office of Human Resources by 5:00pm on December 13, 2011. Your vendor change will be effective with your first pay in January 2012.

Section I: Personal Information

Print Employee Name	Social Security#	BGSU ID#
Daytime Phone	Email address	

Section II: Election

My current ARP vendor is _____

Effective January 1, 2012, I elect to change my ARP vendor to one of the following:

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

You may wish to contact your current ARP vendor and/or your selected new ARP vendor concerning a transfer of accumulated funds and any costs or limitations involved in changing vendors.

Section III: ARP Vendor Certification

New ARP vendor representative signature	Date
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Section IV: Employee Certification

This agreement shall remain in full force and in effect and is irrevocable until a new change form is completed.

Employee Signature	Date
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Retain a copy for your records and return this form by 5:00pm, December 13, 2011 to the Office of Human Resources, Benefits, 1851 N. Research Dr., Bowling Green, Ohio 43403.