

# Alternative Retirement Plan Allocation Change Form

## Pennsylvania State System of Higher Education

<b>Employee Name:</b>	<b>Employee SSN:</b>
-----------------------	----------------------

**Alternative Retirement Plan Contribution Allocation Change:**

Having completed new company application(s) if I am adding companies, I elect to change my allocation of employee and employer retirement plan contributions as follows:

**(check up to four)**

- |                          |                |       |   |
|--------------------------|----------------|-------|---|
| <input type="checkbox"/> | AIG RETIREMENT | _____ | % |
| <input type="checkbox"/> | ING            | _____ | % |
| <input type="checkbox"/> | FIDELITY       | _____ | % |
| <input type="checkbox"/> | TIAA-CREF      | _____ | % |
|                          | <b>Total</b>   | _____ | % |

(Minimum of 1% for each company. Total must equal 100%)

**Certification:**

I understand that it is my responsibility to allocate my total retirement plan contributions among the four companies and to have completed an application form with each selected company prior to directing contributions to a new ARP company. In the absence of such application, I understand that contributions will be invested in the company's most conservative investment fund until I complete an application. I understand I must complete a new Alternative Retirement Plan Allocation Change Form to change companies or allocations of contributions to the companies. I understand that I may change plan companies or allocations to plan companies two times in a calendar year.

If I am making a change to my retirement plan contribution allocation, I understand that it also is my responsibility to verify that the percentages of contributions being sent to the ARP companies match my selections above. I further understand that the return of any misdirected funds will be limited to the amount that is returned by the company based on the most conservative investment fund plus any interest earned for the time during which the funds were misdirected.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date