

# University of Alaska

## Pension/ORP Fund Sponsor Enrollment or Change Form



**Regular Faculty, Staff and All Executive Positions**

[www.alaska.edu/HR/benefits](http://www.alaska.edu/HR/benefits)

|             |        |            |
|-------------|--------|------------|
| Employee ID | Campus | Work Phone |
| Last Name   | First  | M.         |

Check one fund sponsor for each plan that applies to you for future contributions. **Please complete and attach a copy of the enrollment application form and the beneficiary designation form for each of the fund sponsors you select (select one fund sponsor for each plan that applies to you).**

|  | Pension Plan Contributions | ORP Employer Contributions | ORP Employee Contributions |
|--|----------------------------|----------------------------|----------------------------|
| <b>Fidelity Investments</b><br>1-800-343-0860<br><a href="http://www.mysavingsatwork.com">www.mysavingsatwork.com</a>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <i>Office Use Only</i>   | 520 RG or OE               | 202 OL or NL<br>212 Z3     | 203 OL or NL<br>213 Z3     |
| <b>VALIC</b><br>452-2626 (Fairbanks)<br>279-8302 (Anchorage)<br>1-866-350-8302 (All other locations)<br><a href="http://www.aigvalic.com">www.aigvalic.com</a> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <i>Office Use Only</i>   | 525 RG or OE               | 208 OL or NL<br>218 Z3     | 209 OL or NL<br>219 Z3     |
| <b>Lincoln National</b><br>452-6393 (Fairbanks)<br>1-800-478-6393 (All other locations)<br><a href="http://www.lfg.com/">www.lfg.com/</a>                      | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <i>Office Use Only</i>   | 530 RG or OE               | 204 OL or NL<br>214 Z3     | 205 OL or NL<br>215 Z3     |
| <b>TIAA-CREF</b><br>1-800-842-2776<br><a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <i>Office Use Only</i>   | 535 RG or OE               | 206 OL or NL<br>216 Z3     | 207 OL or NL<br>217 Z3     |

You should receive a quarterly statement from your fund sponsor. If you do not receive one or you receive one from a fund sponsor you did not choose, contact your regional human resources office immediately and verify your fund sponsor election on [UAOnline](#). You must also contact your fund sponsor if you change your mailing address. If changing to a new fund sponsor, this change does not affect your current account balances. You must contact your new fund sponsor to arrange for a transfer of existing balances.

I authorize the University of Alaska to execute my directions as set forth above.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: If you elect ORP or are eligible for UA Pension, the you must also complete the enrollment application form and the beneficiary designation form for the selected fund sponsor(s). Refer to [http://www.alaska.edu/hr/benefits/orpinfo/orp\\_vendors.xml](http://www.alaska.edu/hr/benefits/orpinfo/orp_vendors.xml) for fund sponsor choices.*