

University of Alaska

Pension/ORP Fund Sponsor Enrollment or Change Form



Regular Faculty, Staff, and All Executive Positions
www.alaska.edu/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 Employee Contributions	ORP Employer Contributions
Fidelity Investments 1-800-343-0860 www.mysavingsatwork.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Office Use Only</i>	520 RG or OE	202 OF or NF 212 Z3	203 OF or NF 213 Z3
VALIC 451-0511 (Fairbanks) 279-8302 (Anchorage) 1-866-350-8302 (All other locations) www.valic.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Office Use Only</i>	525 RG or OE	208 OV or NV 218 Z3	209 OV or NV 219 Z3
Lincoln National 452-6393 (Fairbanks) 1-800-478-6393 (All other locations) www.lfg.com/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Office Use Only</i>	530 RG or OE	204 OL or NL 214 Z3	205 OL or NL 215 Z3
TIAA-CREF 1-800-842-2776 www.tiaa-cref.org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Office Use Only</i>	535 RG or OE	206 OT or NT 216 Z3	207 OT or NT 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: _____

Note: If you elect ORP or are eligible for UA Pension, you must also complete the enrollment application form and the beneficiary designation form for the selected fund sponsor(s); additional forms are available at http://www.alaska.edu/hr/forms/hr_retirementforms/ or from each fund sponsor's website. Refer to <http://www.alaska.edu/benefits/retirement-plans/optional-retirement-plan/pension-vendors/> for fund sponsor choices.

Entered by: _____ Date _____