



Election of retirement option

- Original selection
 Reclassification
 ORP carrier change

Please type or print. Fax to 480-993-0008

Name – last, first, middle		Social security number	ASU ID number
Hire / Eligibility date	Job title		Department
Work telephone		Email address	

Reclassification or ORP carrier change

Current retirement plan with ASU:

- Arizona State Retirement System
 TIAA
 Fidelity

Election: I am satisfied with my understanding of the mandatory retirement programs available to me, and pursuant to the law in connection with my employment at Arizona State University, I hereby elect to participate in the mandatory retirement program indicated.

The mandatory retirement plan I wish to use at Arizona State University (choose ONE):

- Arizona State Retirement System
 TIAA
 Fidelity

I understand plan contributions to ASRS, TIAA and Fidelity are tax exempt under federal income tax rules.

TIAA and Fidelity elections

As a voluntary act, I have chosen to forego participation in the Arizona State Retirement Plan in favor of the plan operated under control of a private company as reflected in my specified choice. In making this decision, I understand the following statements:

- Neither the State of Arizona, the Arizona Board of Regents nor the university make any representations or promises of any kind in regard to the merits of the plan I have chosen.
- Neither have any of them made any representations or promises of any kind concerning the management, stability, safety or reliability of the company that I have chosen to contract.
- I further understand that the approval by the Board of Regents of a company authorized to write such optional retirement plans does not imply in any way that the optional plan is superior to the Arizona State Retirement Plan or System or that the optional plan will better serve my particular retirement needs.
- I certify I have read the optional plan material that I have chosen and acknowledge that my decision is made without reliance upon any statement or representation of the Board of Regents, the university or the employees or representatives of either.
- Further, I understand that under the features of a variable annuity plan my benefits at the time of retirement may depend entirely upon the vagaries of the economy and the market.
- I understand that such election constitutes a waiver of all benefits provided by the Arizona State Retirement Plan or System except such benefits as are expressly provided by law.

I understand that my election to enroll in either the optional plan or the Arizona State Retirement Plan is irrevocable and at no time in the future may I change from one to the other. However, enrollment in the optional plan will permit me to move from one optional carrier to another optional carrier one time per fiscal year.

Signature	Date
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Vesting – ORP: You are immediately vested in your contributions and become fully vested in the university's contributions after five years of participation, or immediately if you are the owner of a qualified retirement plan with a higher education or research organization at time of eligibility. For consideration for immediate vesting, fax a copy of a recent account statement from your prior eligible employer's retirement plan to 480-993-0008. Immediate vesting will not be established until you furnish this statement.

Vest date: _____
For HR use only

Effective date: _____
For HR use only