

ELECTION OF RETIREMENT OPTION ARIZONA STATE UNIVERSITY

- ORIGINAL SELECTION
 OPTIONAL CARRIER CHANGE

PLEASE TYPE OR PRINT

NAME (LAST, FIRST M.I.)		SOCIAL SECURITY NUMBER	ASU ID NUMBER
HOME ADDRESS (NO., STREET, APT.)		CITY, STATE, ZIP	
HIRE DATE	JOB TITLE	DEPARTMENT	
WORK TELEPHONE		E-MAIL ADDRESS	

PRESENT STATUS

CURRENT RETIREMENT PLAN (WITH ASU OR PREVIOUS EMPLOYER) <input type="checkbox"/> None <input type="checkbox"/> The Arizona State Retirement System <input type="checkbox"/> Other - Specify _____	
AGENCY OR INSTITUTION AT WHICH INITIATED	MONTH/YEAR INITIATED

ELECTION: I am satisfied with my understanding of the 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 retirement program indicated.

THE RETIREMENT PLAN I WISH TO USE AT ARIZONA STATE UNIVERSITY <input type="checkbox"/> The Arizona State Retirement Plan <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> AIG RETIREMENT (formerly VALIC) <input type="checkbox"/> FIDELITY

I understand contributions under these plans are tax exempt under federal income tax rules.

ϕ 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 that:

1. Neither the State of Arizona, the Arizona Board of Regents, nor the university makes any representations or promises of any kind in regard to the merits of the plan that I have chosen.
2. Neither have any of them made any representations or promises of any kind concerning the management, stability, safety, or reliability of the company with which I have chosen to contract.
3. 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.
4. I certify that 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.
5. 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.
6. 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
-----------	------

DISTRIBUTION: White – Human Resources Yellow – Carrier Pink – Employee

VEST DATE _____