

**ROWAN UNIVERSITY
ALTERNATE BENEFIT PROGRAM (ABP)
VENDOR ALLOCATION FORM**

Name: _____ Rowan ID _____
(Print) Last Name, First Name, MI

Department: _____ Work Phone#: _____

Instructions:

1. Select the ABP Vendor(s) with whom you want your contributions invested and the percentage to be allocated to each vendor (*percentage must be in whole numbers and must total 100%*).
2. If you are allocating contributions to a vendor you previously selected, enter the contract number for that vendor. **Otherwise, a vendor application must be attached for each new vendor selected.**
3. Please retain a copy for your records!

Vendor Allocation:

I elect to have my required 5% retirement contribution, my employer's 8% contribution, and/or my voluntary contributions, allocated among the ABP vendors as indicated below. I understand this form, once properly completed and signed, will become effective with the first pay date of the month following receipt of this form in Human Resources.

	<u>Regular Retirement</u>	<u>SRA</u>
Vendor 1 – TIAA-CREF	_____ % Contract # _____	_____ % Contract # _____
Vendor 2 – ING Aetna	_____ % Contract # _____	_____ % Contract # _____
Vendor 3 – Met Life	_____ % Contract # _____	_____ % Contract # _____
Vendor 4 – VALIC	_____ % Contract # _____	_____ % Contract # _____
Vendor 5 – Equitable	_____ % Contract # _____	_____ % Contract # _____
Vendor 6 – Hartford	_____ % Contract # _____	_____ % Contract # _____

TOTAL MUST EQUAL 100%

Employee Signature: _____

Date: _____