



**VENDOR ALLOCATION**

Name: \_\_\_\_\_ Rowan ID \_\_\_\_\_  
(Print) Last Name, First Name, MI

Department: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

I elect to have my mandatory 5% retirement contribution, my employer’s 8% contribution, and/or my voluntary contributions, allocated among the vendors as indicated below. Additionally, this form must be completed if you are switching and /or adding vendors for either your regular retirement or supplemental retirement.

I understand this form, once properly completed and signed, will become effective with the next pay date of the month following receipt of this form in Human Resources.

Instructions:

1. Select the 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. You must contact your vendor of choice and complete the required documentation with them.
3. If you are in Delayed vesting status you must only pick one vendor.
4. Please retain a copy for your records!

	<u>ABP-mandatory</u>	<u>Voluntary/ Supplemental</u>
Vendor 1 – TIAA-CREF	_____ %	_____ %
Vendor 2 – Voya (formally ING)	_____ %	_____ %
Vendor 3 – Met Life	_____ %	_____ %
Vendor 4 – VALIC	_____ %	_____ %
Vendor 5 – AXA/Equitable	_____ %	_____ %
Vendor 6 – Hartford	_____ %	_____ %
Vendor 7 – Prudential	_____ %	N/A

**TOTAL MUST EQUAL 100%**

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