



VENDOR ALLOCATION

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

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.

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!

ABP-mandatory

Vendor 1 – TIAA-CREF _____ %

Vendor 2 – Voya _____ %

Vendor 3 – Met Life/BrightHouse _____ %

Vendor 4 – Corebridge _____ %

Vendor 5 – Equitable _____ %

Vendor 6 – Empower _____ %

Vendor 7 –Empower (Prudential) _____ %

Employee Signature: _____ Date: _____