



Human Resources

Mandatory Alternate Benefit Program Vendor Election

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

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

Instructions:

1. **If you are a first time enrollee (delayed vesting status) you must only pick one vendor.**
2. 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%*).
3. You must contact your vendor of choice and complete the required documentation with them.
4. Please retain a copy for your records!

ABP-mandatory

Vendor 1 – TIAA-CREF _____ %

Vendor 2 – Voya _____ %

Vendor 3 – Met Life/BrightHouse _____ %

Vendor 4 – VALIC _____ %

Vendor 5 – AXA/Equitable _____ %

Vendor 6 – Mass Mutual/Empower _____ %

Vendor 7 – Prudential _____ %

Employee Signature: _____ *Date:* _____