



University of Alaska Pension Plan Enrollment or Change

Original
Change

Employment Status:
 Regular / Term
 Temporary Faculty

| | | | | |
|--|-----|------------|----|------------|
| MAU/Major Administrative Unit (circle one) | | | | Department |
| UAA | UAF | UAS | SW | |
| Last Name | | First | M. | |
| Employee ID | | Work Phone | | |

(PDAEDN)

I elect that my future employer contributions be directed to the following fund sponsor:

| Check One | Fund Sponsor |
|--------------------------|---|
| <input type="checkbox"/> | Fidelity Investments (520, RG/PT) Contact phone number: 1-800-343-0860 |
| <input type="checkbox"/> | VALIC (525, RG/PT) Contact phone numbers: 452-2626 (Fairbanks) 279-8302 (Anchorage) 1-866-350-8302 (All other locations) |
| <input type="checkbox"/> | Lincoln National (530, RG/PT) Contact phone numbers: 452-6393 (Fairbanks) 561-3187 (Anchorage) 1-800-478-6393 (other Alaska only) |
| <input type="checkbox"/> | TIAA-CREF (535, RG/PT) Contact phone number: 1-800-842-2776 |

ou must also complete an enrollment application and beneficiary designation for the selected fund sponsor.

ou should receive a quarterly statement from your fund sponsor. If you do not receive one or you receive one from a vendor you did not choose, contact your regional personnel office immediately. You must also contact your fund sponsor if you change your mailing address.

If changing to a new fund sponsor, this change does not affect your current account balances. You must contact your new fund sponsor to arrange for a transfer of existing balances.

I authorize the University of Alaska to execute my directions as set forth above.

Employee signature: _____ Date: _____

_____ Date _____