

University of Alaska

Pension/ORP Fund Sponsor Enrollment or Change Form



Regular Faculty, Staff, and All Executive Positions
www.alaska.edu/benefits

Employee ID	Campus	Work Phone
Last Name	First	M.

Instructions:

1. Check one fund sponsor for each plan that applies to you for future contributions.
2. Be sure to open your account with your selected vendor prior to your first contribution.
3. Beneficiaries must be designated with the vendor.

1-800-842-2776 www.tiaa-cref.org	(907) 250-4770 (Anchorage) 1-800-448-2542 www.corebridgefinancial.com/rs	(907) 561-3187 (Anchorage) (907) 452-6393 (Fairbanks) 1-800-348-1212 www.lfg.com/	1-800-343-0860 www.mysavingsatwork.com

<i>Office Use Only</i>	535	RG or OE	206 216	OT or NT Z3	207 217	OT or NT Z3
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<i>Office Use Only</i>	525	RG or OE	208 218	OV or NV Z3	209 219	OV or NV Z3
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<i>Office Use Only</i>	530	RG or OE	204 214	OL or NL Z3	205 215	OL or NL Z3
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<i>Office Use Only</i>	520	RG or OE	202 212	OF or NF Z3	203 213	OF or NF Z3
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You should receive a quarterly statement from your fund sponsor. If you do not receive one or you receive one from a fund sponsor you did not choose, contact your regional human resources office immediately and verify your fund sponsor election on [UAOnline](#).

In some cases, you must contact your fund sponsor if you change your mailing address. Email ua-benefits@alaska.edu if you have questions.

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: _____

Entered by: _____ Date: _____