

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.

	Pension Plan Contributions	ORP Employee Contributions	ORP Employer Contributions
TIAA-CREF 1-800-842-2776 www.tiaa-cref.org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Office Use Only</i>	535 RG or OE	206 OT or NT 216 Z3	207 OT or NT 217 Z3

Corebridge (VALIC) (907) 250-4770 (Anchorage) 1-800-448-2542 www.corebridgefinancial.com/rs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Office Use Only</i>	525 RG or OE	208 OV or NV 218 Z3	209 OV or NV 219 Z3

Lincoln National (907) 561-3187 (Anchorage) (907) 452-6393 (Fairbanks) 1-800-348-1212 www.lfg.com/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Office Use Only</i>	530 RG or OE	204 OL or NL 214 Z3	205 OL or NL 215 Z3

Fidelity Investments 1-800-343-0860 www.mysavingsatwork.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Office Use Only</i>	520 RG or OE	202 OF or NF 212 Z3	203 OF or NF 213 Z3

- 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 _____