

Employee Name:



Telephone Number:

## RETIREMENT PLAN ID 406081 INVESTMENT PROVIDER ELECTION FORM

Address:		Date of Hire:		
		Date of Birth:		
Workplace Agency:		Social Security Number:		
the enrolment process,	ave decided to join the New York Sta you need to designate the investme any combination of investment prob butions.	nt provider for your employ	er and employee con	tributions.
	o meet the 366 vesting requirement, contr pdate your investment provider election.	ibutions will not be remitted unt	til you completed the ves	ting period.
EMPLOYER		EMPLOYEE		
How would you like to allocate your employer contribution amount?		How would you like to allocate your employee contribution amount?		
Please choose one or more investment provider. Also designate the percentage allocation to each provider. Total allocation percentages must equal 100%.		Please choose one or more investment provider. Also designate the percentage allocation to each provider. Total allocation percentages must equal 100%.		
Retirement Plan Provider	Allocation Percentage	Retirement Plan Provider	Allocation Percentage	
☐ TIAA		☐ TIAA		
☐ Fidelity		☐ Fidelity		
□ VALIC		☐ VALIC		
□ VOYA		□ VOYA		
	TOTAL 100%		TOTAL	100%
Employee Signature			Date	
Please sign, date and return	n this completed form either by fax to <b>800</b>	-914-8922 or mail to Retiremen	nt@Work® at P.O. Box 128	62,

IMPORTANT: If you do not complete and return this form, your contributions will be allocated to the investment provider designated at the



Charlotte, NC 28201-1282.

time that your first contribution is remitted.