

## BASIC RETIREMENT 401(a) PLAN ALLOCATION CHANGE FORM

## **Employee Information**

Name		First		University ID Number
Campus Addres	Last s	First	MI Zip Code _	
Campus Phone		_ Email Address		
Allocation Elec	tion			
				n with my participation in the University of indicated below, I revoke any previous
	TIAA			
	FIDELITY			
	TOTAL		100 %	
Allocations mus	t be in whole pe	rcentages and mu	ıst total 100%.	
I have c	ompleted the on	line account appl	ication on the TIA	AA and/or Fidelity Investments website.
Effective Date				
Employee Signa	ture		<u></u>	Date

This form must be submitted to your Campus Benefits Office