

# 401(a) Investment Provider Change Form

Employee Name			Employee ID #		
Address	City	State	Zip Code	Home Phone	
Email Address:				Work Phone	

## FUTURE DISTRIBUTION OF UNIVERSITY CONTRIBUTIONS

I hereby instruct The University of Utah to direct all my future 401(a) Defined Contribution Retirement Plan contributions to an account in my name with the following Investment Provider(s):

Investment Provider	Percent
Fidelity Investments	
TIAA-CREF	
Vanguard	

*The numbers above must be in whole percents only and must total 100%. If you wish to invest all funds with one Provider, write 100%.*

## CERTIFICATION

I hereby understand and certify as follows:

- I authorize the University to send my retirement contributions as set forth on this form.
- I understand that unless I contact the Investment Provider and request different investment choices, the funds will be invested in a target retirement date life cycle fund based on my current age and anticipated retirement at age 65. I understand that I may change my investment options by contacting the Investment Provider.
- I understand that this change only affects money that will be contributed by the University after this form is processed in the Benefits Department. If I wish to transfer funds in my account from one Provider to another, I must contact the new Provider to initiate the transfer process.
- I understand if my FTE drops below 50%, if I transfer to a non-exempt position with the University, or if I terminate my employment with the University, I will no longer be eligible for contributions, but that my account will be maintained by my selected Provider(s) and I may continue to make investment choices.
- I understand that I may not access funds contributed by the University until I retire from the University or my employment with the University has been terminated for 32 days or more.
- I understand that amounts I withdraw will be subject to taxes and may be subject to penalties depending on my age at the time of withdrawal.
- I understand and acknowledge the Benefits Department cannot give me tax or investment advice regarding my retirement account(s); I can obtain information and advice through my Investment Provider.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The University of Utah Human Resources Division – Benefits Department  
 420 Wakara Way, Suite 105, Salt Lake City, UT 84124 Phone: (801) 581-7447 ~ Fax: (801) 585-7375

Benefits Dept. Use Only >	Entry Date:	Entered By:	QC By: