

**ALTERNATIVE RETIREMENT PLAN
PROVIDER ELECTION **CHANGE** FORM**

NAME: _____

Last four digits of SS# or BANNER ID: _____

CURRENT ARP VENDOR: _____

I elect to change to the following provider for my Alternative Retirement Plan.

☐ **AXA/Equitable**
Mike Peterson
3700 Embassy Pkwy, Ste 330
Akron OH 44333
michael.peterson2@axa-advisors.com
330-664-1829

☐ **TIAA-CREF**
2000 Auburn Drive, Ste 200
Beachwood OH 44122
Donald Denault
ddenault@tiaa-cref.org
216-839-6020

☐ **VOYA Financial Advisors**
6450 Rockside Woods Blvd, #100
Independence, OH 44131-2238
1-800-552-2181 ext 4023746
Dan Jacobs
djacobs@voyafa.com
216-447-3746

☐ **AIG Retirement Services (VALIC)**
2 Summit Park Drive, Suite 500
Independence, OH 44131-2553

Sean Deasy
Sean.deasy@valic.com (Kent, KSUCPM)
C: 440-320-0929

☐ **Lincoln Financial Group**
Ryan Wade, Financial Advisor
1623 S. Nickleplate Street
Louisville, OH 44641
Ryan.Wade@LFG.com
330-703-2659
FAX: 614-854-6679

Tom Baringer
Thomas.baringer@valic.com
(E.Liverpool, Salem, Trumbull)
C: 330-728-3338

Bryan Russell
Bryan.russell@valic.com (Stark,
Tuscarawas) C: 330-717-3680

Melissa Aiken (Geauga, Ashtabula)
Melissa.aiken@valic.com
C: 440-655-8818

Employee Signature

Print Name

Date

Payroll _____