

**New Mexico Alternative Retirement Plan Selection Form**

**SECTION I: Election to participate in the ARP & ARP Vendor Selection** (To be completed by employee)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
City State Zip

Date of Birth: \_\_\_\_\_ Contact Number: \_\_\_\_\_

I certify that I have been provided information regarding the New Mexico defined benefit plan and the New Mexico Alternative Retirement Plan ("ARP"). I understand that retirement benefits under the ARP are payable solely by the ARP vendor and are not an obligation of the New Mexico Educational Retirement Board or the State of New Mexico. As an ARP eligible employee, **I hereby elect to participate in the Alternative Retirement Plan and to have employee and employer contributions placed with the following ARP Vendor (select only one).**

**TIAA-CREF** (Teachers Insurance and Annuity Association College Retirement Equities Fund)

**Fidelity Investments**

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

---

**SECTION II: Employer Certification** (To be completed by the employer)

Institution Name: University of New Mexico Effective Date of ARP Selection: \_\_\_\_\_

I hereby certify that I have reviewed, if available, the New Mexico Educational Retirement Board Resolution specific to this institution regarding ARP approved eligible positions and if such Resolution is not available, the ARP eligible positions as provided for in the ARP manual. I further certify that I have determined that the above named employee is employed by this institution in an ARP eligible position.

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

Name (printed): \_\_\_\_\_ Title: \_\_\_\_\_

.....

**TIAA-CREF Plan Numbers for Enrollment: 101238**

**Fidelity NM ARP ID Number for online enrollment: 95405**