



New Mexico Alternative Retirement Plan Election Form

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COMPLETED BY EMPLOYEE**SECTION I: Election to participate in the ARP & ARP Vendor Selection**

Name: _____ Social Security Number: _____

Address: _____
City State Zip

Date of Birth: _____ Contact Number: _____

I certify that I have been provided information regarding the Educational Retirement Board defined benefit plan and the 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

Fidelity Investments

Signature: _____ Date: _____

COMPLETED BY EMPLOYER**SECTION II: Employer Certification**

Institution Name: University of New Mexico Effective Date of ARP election: _____

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 Operations 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: _____

Fidelity NM ARP Plan Number for online enrollment: 95405

TIAA NM ARP Plan Number for online enrollment: 101295

***Please review your pay stub to ensure your selection has been processed.**