

**NEW MEXICO ALTERNATIVE RETIREMENT PLAN
CHANGE OF CARRIER**

SECTION I:

(To be completed by Employee and deliver with original signatures to the UNM Payroll Office)

As an eligible employee, I hereby elect to change carriers in the Alternative Retirement Plan with the full knowledge that my decision cannot be changed until January of next year (request must be received by December 15th of each year).* **Please return this form to the Payroll Department at MSC01 1230, 1 University of New Mexico, Albuquerque, New Mexico, 87131-0001**

Banner ID

Name (please print)

Date of Birth

Signature

SECTION II:

(To be completed by Employee and deliver with original signatures to the UNM Payroll Office)

I elect to have my contributions and those made on my behalf by my employer (UNM) placed with:
(Select / Check One Carrier) **Please establish an account with the prospective carrier prior to changing your current carrier.**

TIAA-CREF

Fidelity

Signature

Date

For questions, please contact the Payroll Department at (505) 277-2353.

***For the remaining calendar year of 2011; these changes will be effective the next payroll period.**