Ball State University
Alternate Pension Plan
&
Designation of Investment Company
Election Form

__________________________         ______________________
Print Name         BSU ID number

Part I. Election of Alternate Pension Plan (APP):
I have read the information on the back of this form and, after consideration,
I am electing to participate in the APP effective:

___ Date I began employment in a qualified position
(new employees or newly eligible employees)
___ With the beginning of the Fiscal Year, July 1, 20___
(employees changing from TRF to APP)

Part II. Certification of Enrollment and Designation of Investment Company(s):
I understand I must establish my BSU pension account before funds can be deposited.
I have completed the enrollment process with my selected investment company by
1) mailing the applicable Enrollment Form(s) to the Company(s) or 2) by enrolling on-line or 3) by returning the Enrollment Form to PEB.

___ / ___ / ___ Date Enrollment Form was mailed to Company
or ___ / ___ / ___ Date On-Line Enrollment was Completed (TIAA-CREF only)
or____________ Please check if Company Enrollment Form is attached (PEB will mail for you).

I designate the following Company(s) to receive contributions of my BSU pension funds. I certify
I have completed the enrollment process with each Company(s) selected.

____% ING Financial Advisors, LLC (Plan VG 0022)
____% Fidelity Investments Tax Exempt Services Company (Plan 73799)
____% Lincoln Financial Corp
____% Teachers' Insurance & Annuity Association – College Retirement Equities Fund (TIAA-CREF) (Plan 103196)

Part III. This document is the official recording of my:
___ Initial election
___ Notice of change of investment company
___ Notice of change of allocation percentages between multiple companies

Part IV. I have or have not participated in a BSU retirement plan previously (either under
PERF, TRF, or APP) - please indicate by circling “have” or “have not”; if you have,
approximately when? ___________________________

Part V. I have read the information provided to me on the back of this form.

Signature: ____________________________   Date: ________________
As evidenced by my signature on the front of this form, I certify:

I have reviewed the Alternate Pension Plan (APP) as described in the materials provided to me, available both on-line and in hard copy, and the relevant information provided by the participating investment company(s). I have been given the opportunity to ask questions. I understand I must select an investment company(s) and complete the enrollment process with them to establish my account before funds can be deposited.

I understand that as a result of this election, I will not be entitled to again become a member of the Indiana State Teachers' Retirement Fund for so long as I am employed by Ball State University.