

ROGER WILLIAMS UNIVERSITY, FACULTY AND SCHOOL OF LAW
RETIREMENT INVESTMENT COMPANY CHANGE FORM

Employee Name: _____

Employee Number: _____

CHANGE INVESTMENT COMPANY NOW:

This form is for Corebridge Participants who would like to take their current 403(b) contributions, both Matched and Unmatched, and change the investment company they are remitted to from Cobrebridge to TIAA prior to the Conversion to a single investment company.

**Requested transaction will be processed as soon as administratively possible upon receipt of this form.*

**To make changes to the types and amounts of your current contributions, you will need to submit a standard change form, which is available on the Human Resources website under Benefits.*

I elect to change my current 403b contributions from Corebridge to TIAA.

THIS AGREEMENT shall supersede any prior Salary Reduction Agreement and Vendor Selection Form to the extent that it contradicts and/or changes such Agreement and Form. The Agreement shall be legally binding and irrevocable as to each of the parties hereto while employment continues; provided, however, that either party may terminate this Agreement as of the end of any month, so that it will not apply to salary subsequently paid, by giving at least thirty days written notice of the termination. The Employee agrees that the total contributions on his/her behalf do not exceed the applicable limitations of Sections 403(b), 402(g), 415 or other applicable sections of the Internal Revenue Code of 1986 as amended, and/or that the University/School of Law has no obligation or liability to calculate or verify such limitations. The Employee further agrees that the University/School of Law shall have no liability whatsoever for any loss suffered by the Employee with regard to his/her selection of a retirement invested insurance company contract or associated contract or investments. The Employee understands that the University/School of Law do not warrant any particular tax consequences to the Employee as a result of such participation.

Employee Signature: _____

Date: _____