

**WEST VIRGINIA HIGHER EDUCATION POLICY COMMISSION
401(a) DEFINED CONTRIBUTION RETIREMENT PLAN
VENDOR SELECTION FORM**

Employee's Name: _____

SS No.: _____

Date of Birth: _____

Employer: _____

Date of Employment: _____

Selection of 401(a) Vendor* [Check Only One]

After a review of the materials provided by the vendors, I elect to participate in the 401(a) program provided by:

Great West/Educator\$Money _____ TIAA-CREF _____

Effective date of vendor selection: _____

**Note - An enrollment and participant directed investment form for the selected vendor must be completed and forwarded to the vendor prior to any payroll deduction. The submission of this Vendor Selection Form replaces any prior vendor selection made by the participant.*

Signature: _____ Date: _____

Internal Use Only

Accepted on behalf of Employer by: _____

Title: _____

Date: _____

For Payroll Purposes:

401(a) Vendor Code:

___ TIAA-CREF (309)

___ Great West / Educator\$Money (311)