

**New Jersey Alternate Benefit Program (ABP)  
Additional Contributions Tax-Sheltered (ACTS)  
Program Carrier Election and Allocation**

**The Variable Annuity Life Insurance Company (VALIC)**  
Houston, Texas

VALIC is an approved provider for the New Jersey Alternate Benefit Program (ABP) and the New Jersey Additional Contributions Tax-Sheltered Program (ACTS).

**GENERAL INFORMATION**

Employees of county colleges, state universities and colleges, the Commission on Higher Education, the Department of Education, and the Office of Student Assistance can participate in the Additional Contributions Tax-Sheltered (ACTS) Program. ABP members have the option to select the same individual carriers through the regular ABP Program.

A Carrier Election and Allocation form must be filed to identify the investment carrier(s) with which you want your contributions invested. If you are a new participant, this form must be accompanied by the Salary Reduction Agreement Form.

**INSTRUCTIONS FOR APPLICANTS**

Please read all information carefully when completing this form. Where applicable, indicate your name, mailing address, Social Security number, and a telephone number where you may be reached during daytime working hours. If you are a member of a state-administered retirement system, check the name of the system and provide your membership number.

To authorize any investment carrier(s), indicate in the relevant box if your request is an initial or a subsequent request. A subsequent request will replace all previous selections. Place a mark in the box to the left of the name of the carrier(s) you have selected and provide your account number assigned with that carrier. Enter the percent of reduction that you want allocated to any carrier(s). Percentages must be in whole numbers and the total must equal 100%.

Sign and date the form and have your certifying officer complete the employer information. A copy will be returned to you after confirmation of receipt indicating the date your reduction will take effect.

Refer to the carrier comparison guide for information on individual carriers. It is your responsibility to complete the necessary forms to establish a valid account with the carrier(s) you select for your investments. If you fail to establish an account with the carrier(s), you may lose earnings from your contributions. Additionally, the carrier(s) will return your contributions to your employer and your participation will be delayed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

Retirement System (If applicable): ☐ PERS ☐ TPAF ☐ PFRS ☐ ABP

Membership Number (if applicable): \_\_\_\_\_

**AUTHORIZED INVESTMENT CARRIERS**

Check one: ☐ Initial Election ☐ Subsequent Election

Select any number of investment carriers and allocate the percentage of your contributions to each one, totaling 100%. Percentages must be whole numbers. You must establish a valid account directly with the carrier(s) you select before completing this form. Only two changes are allowed per calendar year.

	Carrier Account #	Percentage
<input type="checkbox"/> ING Life Insurance and Annuity Company	_____	_____ %
<input type="checkbox"/> The Hartford	_____	_____ %
<input type="checkbox"/> AXA Financial (Equitable)	_____	_____ %
<input type="checkbox"/> MetLife	_____	_____ %
<input type="checkbox"/> TIAA-CREF	_____	_____ %
<input type="checkbox"/> VALIC	_____	_____ %
		<b>100%</b>

I elect to allocate my total employee tax-sheltered contributions as indicated above. This allocation becomes effective within 45 days of receipt of a properly completed form. I have read and understand the information on this form.

\_\_\_\_\_  
Employee's Signature Date

**EMPLOYER SECTION**

Name of Employing Agency: \_\_\_\_\_

Address of Employing Agency: \_\_\_\_\_

Payroll #: \_\_\_\_\_

\_\_\_\_\_  
Certifying Officer's Signature/Title

Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Date

**CARRIER ELECTION AND ALLOCATION - CONFIRMATION OF RECEIPT**

Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Date