

# Investment Selection

## A. Member Information

Name (First, Middle Initial, Last)	Ministerial File/Employee No.	Day Phone ( )	
Address	City	State	Zip Code

## B. Important Information

To make or change your investment decision, complete the direct allocation chart below. Along with your spouse, sign and date the form and return to the Benefits Board by mail. *Faxed copies are not acceptable.* Your completed form must be received by the Benefits Board *before* the 1st day of the month in which you want the change to become effective. To confirm your changes, refer to your next pension account statement. In addition, a “filed” copy of this Investment Selection form will be returned to you for your records.

## C. Direct Allocation (complete sections 1 and 2)

You may invest in one or any combination of the four investment options. Please indicate the percentage that you want invested in each fund (must total 100%).

1. My investment decision applies to: (check one)
  - Both future contributions **and** existing allocable accumulations\*, **or**
  - Future contributions only, **or**
  - Existing allocable accumulations\* only.

2. I elect that my contributions (member and/or employer) be invested as follows:

Investment Options	Percentage (multiples of 5%)
<b>TRUSTEES’ FUND</b> <i>(Manager: Benefits Board)</i>	_____ %
<b>LARGE CAPITALIZATION STOCK FUND</b> <i>(Manager: Eagle Capital and Rigel Capital)</i>	_____ %
<b>SMALL CAPITALIZATION STOCK FUND</b> <i>(Manager: Wentworth, Hauser &amp; Violich)</i>	_____ %
<b>INTERNATIONAL STOCK FUND</b> <i>(Manager: NWQ)</i>	_____ %
<b>TOTAL</b>	<b>100%</b>

## D. Certification

I request that the Benefits Board invest my accumulations/contributions based upon my investment choices above. I have reviewed the information provided by the fund managers and I make this selection based upon my own investment judgment. I also realize that past results are not a guarantee of future performance. If I need additional information, I know that I can contact the Benefits Board.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Spousal Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Allocable accumulations include all contributions made since July 1, 2000. As of July 1, 2002, an additional 2.5% per quarter of accumulations as of July 1, 2000 will become allocable and included in the total allocable accumulations.*