



Investment Selection

A. Member Information

Name: First: _____ MI: _____ Last: _____ Ministerial File No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Telephone No.: _____ Soc. Sec. No.: _____

E-mail address: _____

B. Important Information

To change your investment allocation, complete the direct allocation chart below. Your completed form must be received by the Benefits Board one business day *before* the last business day of the month for your changes to become effective the first of the next month. To confirm your changes, refer to your next pension account statement. In addition, a "confirmation" e-mail of the Investment Selection changes 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%).

- My investment decision applies to: (check one)
 - Both future contributions and all existing accumulations** (By choosing this option, *ALL current funds in the Trustee Fund and the Stock Funds will be re-allocated according to the percentages on this form, plus all future contributions*), **or**
 - Future contributions only** (Current funds in each investment option will **not** be affected by this choice. After this form is processed, all **new** contributions will be invested according to the percentages selected below).
- I elect that my contributions (member and/or employer) be invested as follows:

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

D. Certification

By clicking on **Submit**, 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.

Date _____

SUBMIT