INVESTMENT CHANGE FORM – EXISTING INVESTMENTS ONLY

This form does not change the Investment direction of your Payroll Deferrals!

PLAN NAME: _____

PARTICIPANT INFORMATION

Name: _____
First Middle Last

Home Address: _____

City: _____ State: _____ Zip: _____

SS# _____ - _____ - _____ Sex: _____ Married: Yes [ ] No [ ]

Date of Birth: _____ Date of Hire: _____

I direct the Trustees to sell the following investment:

NOTE: Please complete a new form for each existing investment to be sold.

SELL _____ % of _____
(Minimum 5%) Full Name of Investment

I direct the Trustees to purchase the following investment(s) with the proceeds of the above sale:

Percentage* (Minimum 5%)	**Investment Name**	**Percentage* (Minimum 5%)**	**Investment Name**
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____

***Your percentage reinvested must total 100%**

I have received investment material, including a prospectus where applicable, on the investment choice(s).

Date: _____ _____
Participant Signature

Date: _____ _____
Plan Trustee / Sponsor Signature

Mail to: Benefit Consultants Group
P.O. Box 405
Riverton, NJ 08077-0405

Or Fax to: (856) 824-1890