

# INVESTMENT CHANGE FORM – PAYROLL DEFERRAL ONLY

**This form does not change Past Investment Deferrals!**

|                                |                     |   |                                 |
|--------------------------------|---------------------|---|---------------------------------|
| <b>PLAN NAME:</b> _____        |                     |   |                                 |
| <b>PARTICIPANT INFORMATION</b> |                     |   |                                 |
| Name: _____                    |                     |   |                                 |
| First                          | Middle              | Last                                      |                                 |
| Home Address: _____            |                     |   |                                 |
| City: _____                    | State: _____        | Zip: _____                                |                                 |
| SS# _____ - _____ - _____      | Sex: _____          | Married: Yes [ <input type="checkbox"/> ] | No [ <input type="checkbox"/> ] |
| Date of Birth: _____           | Date of Hire: _____ |   |                                 |

If your Plan permits you to direct other contributions to your account, they will be invested in the same proportion as your payroll deferral.

I direct the Trustees to have my payroll deferrals invested as follows:

| Percentage*<br>(Minimum 5%) | Investment Name | Percentage*<br>(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