Benefits Board

• Post Office Box 4608 • Cleveland, Tennessee 37320-4608

APP180 (Rev. 03/15)

Investment Selection

❑ TRADITIONAL, BEFORE-TAX ACCOUNT ❑ ROTH 403(b) AFTER-TAX ACCOUNT

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 will be processed by the Benefits Board on the next scheduled date for allocation changes, generally scheduled at least once per week. To confirm your changes, refer to your next pension account statement or review your account on-line. 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 *all*** existing accumulations, **or**
   - ❑ Future contributions only, **or**
   - ❑ All existing accumulations only.

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

Investment Options	**Percentage (multiples of 5%)**
TRUSTEES' FUND *(Manager: Benefits Board)*	_____ %
LARGE CAPITALIZATION STOCK FUND *(Manager: Eagle Capital and Neuberger/Berman Capital)*	_____ %
SMALL CAPITALIZATION STOCK FUND *(Manager: Wentworth, Hauser & Violich)*	_____ %
INTERNATIONAL STOCK FUND *(Manager: Cambiar)*	_____ %
TOTAL	**100%**

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 _______________________