

Participant Name: \_\_\_\_\_

Plan Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_

**I wish to change my Model Investment Portfolio.**

- (1) Please check the box that corresponds to your Current Model Portfolio.  
 (2) Please check the box that corresponds to your desired New Model Portfolio.

(1) Current Model Portfolio	(2) New Model Portfolio
<input type="checkbox"/> Defensive Income <input type="checkbox"/> Defensive Balanced <input type="checkbox"/> Defensive Moderate Growth <input type="checkbox"/> Defensive Growth <input type="checkbox"/> Balanced Income <input type="checkbox"/> Balanced Growth <input type="checkbox"/> Growth* <input type="checkbox"/> Aggressive Growth* <input type="checkbox"/> Target Date Retirement Portfolio	<input type="checkbox"/> Defensive Income <input type="checkbox"/> Defensive Balanced <input type="checkbox"/> Defensive Moderate Growth <input type="checkbox"/> Defensive Growth <input type="checkbox"/> Balanced Income <input type="checkbox"/> Balanced Growth <input type="checkbox"/> Growth* <input type="checkbox"/> Aggressive Growth* <input type="checkbox"/> Target Date Retirement Portfolio (Please check the correct box below)
*Remains fully invested in the equity market at all times.	

**I wish to change my Target Date Retirement Portfolio (TDRP).**

Please contact the financial representative on your retirement plan for guidance on changing your model investment portfolio if your time horizon or financial circumstances change.

- (1) Please check the box that corresponds to your Current Target Date Retirement Portfolio.  
 (2) Please check the box that corresponds to your desired New Target Date Retirement Portfolio.

**\*\*PLEASE NOTE: The specific number of years until retirement is required to process this form.**

(1) Current Target Date Retirement Portfolio	(2) New Target Date Retirement Portfolio
<input type="checkbox"/> TDRP 1: 5 years and less <input type="checkbox"/> TDRP 2: 6-10 years <input type="checkbox"/> TDRP 3: 11-15 years <input type="checkbox"/> TDRP 4: 16-20 years <input type="checkbox"/> TDRP 5: 21 years and greater	Please indicate which portfolio you would like to be in <b><u>AND</u></b> the number of years until your planned retirement.  <input type="checkbox"/> TDRP 1: 5 years and less <input type="checkbox"/> TDRP 2: 6-10 years <input type="checkbox"/> TDRP 3: 11-15 years <input type="checkbox"/> TDRP 4: 16-20 years <input type="checkbox"/> TDRP 5: 21 years and greater  I will be retiring in _____ years.**

**By signing below, I acknowledge that I understand the investment strategies and risk profile of the new model portfolio I am choosing, or I have discussed this change to my account with the financial representative for my retirement plan.**

\_\_\_\_\_  
Participant Signature (Required)

\_\_\_\_\_  
Date (Required)

**Fax completed form to 614-791-2572 or mail to Meeder Advisory Services, 6125 Memorial Drive Dublin, OH 43017**