



Investment Account Enrollment Form

Part 1 – General Information

Organization name	Address
Legal entity name if different from above	
Taxpayer ID number / EIN	
New account name	Primary phone number
Country of incorporation	Alternate phone number

Part 2 – Target Allocation

Please complete the following information. Enter your investment election in 1% increments; the total must equal 100%. If the total does not equal 100%, the form is invalid and will be returned.

Note: If you do not make an election, your funds will be invested 100% in the Multiple Asset Fund (MAF).

Fund Name	Allocation for Account
Extended Term Fixed Income Fund (35C)	%
Fixed Income Fund (30C)	%
Inflation Protection Fund (32C)	%
International Equity Fund (60C)	%
Multiple Asset Fund (08C)	%
Short Term Investment Fund (45C)	%
Social Values Choice Bond Fund (37C)	%
Social Values Choice Equity Fund (25C)	%
U.S. Equity Fund (20C)	%
U.S. Equity Index Fund (26C)	%
U.S. Treasury Inflation Protection Fund (36C)	%
Total	100%

Part 3 – Automated Clearing House (ACH) or Wire Transfers

ACH information is necessary to make electronic deposits and withdrawals between your bank or financial institution and Wespath.

Wire information is necessary to withdraw funds from your Wespath account(s) to your bank or financial institution.

Please include the information on the right:

Institution name		
Institution address		
Account name		
Routing number		
Account number		
Account type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Transfer type	<input type="checkbox"/> ACH	<input type="checkbox"/> Wire

(continued)



Wespath

BENEFITS | INVESTMENTS

1901 Chestnut Avenue
Glenview, Illinois 60025-1604
wespath.org

Investment Account Enrollment Form (continued)

Part 4 – Signature

Print name of signatory 1*	Title
Signature on behalf of account holder	Date
Print name of signatory 2*	Title
Signature on behalf of account holder	Date

**Two signatures are required.*

If you are **NOT** completing this document online, please complete it and return to Wespath by one of the following methods:

- E-mail (scanned copy) to **support@wespath.org** or
- Fax to **1-847-866-4894** or
- Mail to Wespath Benefits and Investments
Plan Sponsor Relations
1901 Chestnut Avenue, Glenview, IL 60025

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at **benefitsaccess.org**. When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.

Part 5 – For Wespath Use Only

Account number _____