

Monthly Settlement Election Form

Part 1 – Account Information		
Organization name	Account number (Enter the specific account from which your monthly obligations are to be debited.) Account name	
* If the effective date is in the current month, Wespath must receive this form at least five business days prior to the last business day of the month for current month charges.		
Part 2 – Investment Election Please complete the following information. Enter your election for funding sources in 1% increments; the total must equal 100%. If the total does not equal 100%, the form will be invalid and will be returned.	Fund Name	Election 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 – Signature		
Print name** of signatory	Title	
Signature on behalf of account holder	Date	

Please note: If you do not make an election, 100% of your charges will be debited from Short Term Investment Fund.

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.

^{**} Name must appear on the Signature Authorization Card.