

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.)

Effective date* _____

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 _____

** Name must appear on the Signature Authorization Card.

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

▶ Please complete this form and send it by:

- E-mail (scanned copy) to support@wespath.org
- Fax to **1-847-866-4894**
- Mail to **Plan Sponsor Management Team**
Wespath Benefits and Investments
1901 Chestnut Avenue
Glenview, IL 60025-1604

Be sure to keep a copy for your records.