

Target Allocation Form

Part 1 – Account Information

Organization name	Account number
Account name	

Part 2 – Target Allocation

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

Fund Name	New Allocation
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 organization	Date

- ▶ 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.