



## 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)	_____%
<b>Total</b>	<b>100%</b>

### Part 3 – Signature

Print name of signatory \_\_\_\_\_

Title \_\_\_\_\_

Signature on behalf of organization \_\_\_\_\_

Date \_\_\_\_\_

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](mailto: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](https://benefitsaccess.org). When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.