

## Investment Account Enrollment Form for Existing Clients

### Part 1 – General Information

Organization name _____	Primary phone number _____
_____	Alternate phone number _____
New account name _____	
_____	

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

### 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:

\* Two signatures are required if new banking instructions are added.

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



## Investment Account Enrollment Form for Existing Clients (continued)

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### 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

\* One signature required for new account.

\*\* Two signatures are required if new banking instructions are added.



Please complete this form and send it by:

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

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### Part 5 – For Wespath Use Only

Account number