INVESTMENT CHANGE FORM – PAYROLL DEFERRAL ONLY

This form does not change Past Investment Deferrals!

PLAN NAME: _____

PARTICIPANT INFORMATION

Name: _____
First Middle Last
Home Address: _____
City: _____ State: _____ Zip: _____
SS# _____ - _____ - _____ Sex: _____ Married: Yes [ ] No [ ]
Date of Birth: _____ Date of Hire: _____

If your Plan permits you to direct other contributions to your account, they will be invested in the same proportion as your payroll deferral.

I direct the Trustees to have my payroll deferrals invested as follows:

Percentage* (Minimum 5%)	**Investment Name**	**Percentage* (Minimum 5%)**	**Investment Name**
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____
_____ %	_____	_____ %	_____

***Your percentage reinvested must total 100%**

I have received investment material, including a prospectus where applicable, on the investment choice(s).

Date: _____ _____
Participant Signature

Date: _____ _____
Plan Trustee / Sponsor Signature

Mail to: Benefit Consultants Group
P.O. Box 405
Riverton, NJ 08077-0405

Or Fax to: (856) 824-1890