

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	Allocation for Account
Fixed Income Fund—I Series (51C)	_____ %
Inflation Protection Fund—I Series (52C)	_____ %
International Equity Fund—I Series (53C)	_____ %
Multiple Asset Fund—I Series (54C)	_____ %
Short Term Investment Fund—I Series (55C)	_____ %
U.S. Equity Fund—I Series (57C)	_____ %
U.S. Equity Index Fund—I Series (58C)	_____ %
U.S. Treasury Inflation Protection Fund—I Series (59C)	_____ %
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 Institutional Investments
1901 Chestnut Avenue
Glenview, IL 60025-1604**

Be sure to keep a copy for your records.

