

Meeder Retirement Portfolios Portfolio Change Request Form

Account Name:		Plan Number:		
Social Security Number:		Phone Number:		
Please check the box that corresponds to your desired New Model Portfolio.				
Investment Strategy Portfolios			☐ Age-Based Portfolios	
☐ Conservat	ive			
☐ Moderate	Conservative	OR	Birth Year:	
☐ Balanced	Income			
☐ Balanced			You will be placed into the Age-Based Portfolio that	
☐ Balanced	Growth		coincides with your current age. As you move closer	
□ Moderate	Growth		to the average retirement age of 65, we will	
☐ Growth			automatically move your assets to the next most	
☐ Aggressive	e Growth		conservative portfolio.	
By signing below, I acknowledge that I understand the investment strategies and risk profile of the new model portfolio I am choosing, or I have discussed this change with the financial representative for my account. This change will be reflected within (10) business days of receipt by the investment manager. This signed form may be faxed, mailed or scanned/emailed to the investment manager.				
 For FAX delivery: 614.791.2572 For scanned/email delivery: <u>clientservices@meederinvestment.com</u> 				
 For mail delivery: Meeder Investment Management, 6125 Memorial Drive, Dublin, OH 43017 - Attention: Client Services 				
Shareholder Signature (Required)		Date (Required)		
Name (Please Print)		Email Address		

FOR QUESTIONS PLEASE CALL RETIREMENT PLAN SERVICES AT 888-865-6709