

Meeder Retirement Portfolios Portfolio Change Request Form

PARTICIPANT NAME	PLAN NAME	PLAN NUMBER	
SOCIAL SECURITY NUMBER	PHONE NUMBER		
Please check the box that corresponds to your	desired portfolio.		
Investment Strategy Portfolios		Age-Based Portfolios	
Conservative		P: 11 V	
Moderate Conservative	OR	You will be placed into the Age-Based Portfolio that coincides with your current age. As you move closer to the average retirement age of 65, we will automatically move your assets to the next most	
Balanced Income			
Balanced			
Balanced Growth			
Moderate Growth		conservative portfolio.	
Growth			
Aggressive Growth			
By signing below, I acknowledge that I understa discussed this change with the financial repres This change will be reflected within (10) busine This signed form may be faxed, mailed or emai	sentative for my account.	•	
» For fax delivery: 614.791.2572			
» For email delivery: clientservices@meede	rinvestment.com		
» For mail delivery: Meeder Investment Man	agement, 6125 Memorial Dri	ve, Dublin, OH 43017 – Attention: MRP Operations	
PARTICIPANT SIGNATURE (REQUIRED)	DATE (RI	EQUIRED)	
NAME (PLEASE PRINT)	EMAIL A	EMAIL ADDRESS	