



820 Jorie Blvd. Suite 420
866.384.1815 Telephone
630.368.5697 Fax

www.mtrustcompany.com

403(b) INVESTMENT DIRECTION FORM

A PARTICIPANT INFORMATION

Participant's Name: _____ Millennium Account No: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Time Phone No.: _____ Social Security Number _____ Date of Birth _____

B ALLOCATION OF CURRENT ACCOUNT BALANCE AND FUTURE CONTRIBUTIONS

List the Mutual Fund(s) along with the investment percentages to be allocated to each fund. Contributions must be remitted to Millennium Trust Company by your employer.

Note: Percent total must equal 100% with investment elections in increments of 10%.

Please choose either Option 1 or Option 2:

- 1. Current account balances as well as future contributions.
- 2. Future contributions only. Existing balances should remain as currently invested.

Mutual Fund Name	Ticker	Share Class	Percentage

Total = 100%

C EMPLOYER INFORMATION

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Contact Person _____

Phone No.: _____

D PARTICIPANT'S SIGNATURE

I have received, read, and agree to be bound by the terms of the prospectus for each fund in which I am investing. I have the authority and legal capacity to purchase mutual fund shares, I am of legal age in my state, and I believe each investment is suitable for me. I also attest that the investment(s) that I have chosen are certified in the state of my employment.

I understand that the above elections will remain in effect until I notify Millennium Trust Company of any investment changes by completing and submitting a 403(b) Investment Direction Form. I also understand that changes made to my account will be processed within a reasonable amount of time after Millennium Trust Company receives my fully completed form.

Participant's Signature

Date

