

Questions? Call our National Service Center at 800.747.3942.

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## Instructions

Use this form to request recurring exchanges from one investment option to one or more other investment options. Please complete all sections of the form, either by typing or printing clearly.

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### 1. Provide General Account Information

Plan Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Participant Name \_\_\_\_\_  
First MI Last

Mailing Address: \_\_\_\_\_  
Line 1 Line 2  
City State Zip Code

Daytime Phone Number \_\_\_\_\_ Mobile/Home Phone Number \_\_\_\_\_

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### 2. Set Up Dollar Cost Averaging

Complete each sub-section.

A. Effective Date \_\_\_\_\_  
Date (mm/dd/yyyy)

Exchanges will occur on the first business day of the month according to the frequency selected.

B. Frequency – Frequencies are based on a calendar year.

- Monthly
- Quarterly
- Semi-Annually
- Annually

C. Amount

\$ \_\_\_\_\_ per transfer over \_\_\_\_\_ months/years

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