

1 PARTICIPANT INFORMATION

LAST NAME	FIRST NAME	MI	SS#	DOB
ADDRESS			CITY	STATE
EMAIL			PHONE	

2 INVESTMENT ELECTIONS Complete this section **ONLY** if you wish to change your future contributions.

1 TARGET DATE RETIREMENT FUNDS

American Funds 20__ (Please include the fund year)

The American Funds are an all or nothing fund. If a target date retirement fund is selected you may not select option 2. You must still completely fill out the **Reallocation of Account Balance** section (**Section 3**). By checking this box you agree to these terms.

RETIREMENT YEAR	FUND	RETIREMENT YEAR	FUND
2016-2020	2020	2041-2045	2045
2021-2025	2025	2046-2050	2050
2026-2030	2030	2051-2055	2055
2031-2035	2035	2056-2060	2060
2036-2040	2040	2061-2065	2065

2 SELECT YOUR OWN FUNDS

American Century Inflation-Adjusted Bond	_____ %
American Funds EuroPacific Growth	_____ %
Blackrock Impact Mortgage Fund	_____ %
Fidelity International Index	_____ %
JPMorgan Equity Income Fund	_____ %
Lord Abbett Total Return	_____ %
Standard Insurance Guaranteed FI VI	_____ %
T. Rowe Price Blue Chip Growth	_____ %
Vanguard Balanced Index	_____ %
Vanguard Institutional Index	_____ %
Vanguard Mid Cap Index	_____ %
Vanguard Small Cap Index	_____ %
TOTAL (MUST equal 100% in whole numbers)	_____ %

3 REALLOCATION OF ACCOUNT BALANCE Complete this section **ONLY** if you wish to change your current balance.

Check here if you would like your reallocation of account balance to follow the investment elections above. You will not need to complete the section below.

American Century Inflation-Adjusted Bond	_____ %
American Funds EuroPacific Growth	_____ %
Blackrock Impact Mortgage Fund	_____ %
Fidelity International Index	_____ %
JPMorgan Equity Income Fund	_____ %
Lord Abbett Total Return	_____ %
Standard Insurance Guaranteed FI VI	_____ %

T. Rowe Price Blue Chip Growth	_____ %
Vanguard Balanced Index	_____ %
Vanguard Institutional Index	_____ %
Vanguard Mid Cap Index	_____ %
Vanguard Small Cap Index	_____ %
TOTAL (MUST equal 100% in whole numbers)	_____ %

4 SIGNATURE

By signing below, I hereby request that Vista 401(k) make changes to my investments as indicated above.

SIGNATURE: _____

DATE: _____

Please return the completed and signed form to FBMC Benefits Management at the address below.