

## 403(b) Program Account Application

<b>1. EMPLOYEE INFORMATION</b> <i>(Please complete all sections and PRINT legibly)</i>			
Employee Name		Social Security Number	
Street Address	Daytime Phone	Date of Hire	
City	State	Zip Code	Date of Birth

<b>2. EMPLOYER INFORMATION</b>			
Employer Name		Employer Contact Name	
Street Address		Contact Phone	
City	State	Zip Code	For Internal Use

<b>3. INVESTMENT ELECTIONS – In what fund(s) would you like to invest?</b>
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INVESTMENT OPTION	PERCENTAGE	INVESTMENT OPTION	PERCENTAGE
Touchstone Active Bond Fund Class A	%	Touchstone Small Company Fund Class A	%
Touchstone Balanced Fund Class A	%	Touchstone Global ESG Equity Fund Class A	%
Touchstone Flexible Income Fund Class A	%	Touchstone Ultra Short Duration Fixed Income Fund Class A	%
Touchstone International Equity Fund Class A	%	Federated Government Obligations Fund SS	%
Touchstone Credit Opportunities Fund Class A	%	Touchstone Strategic Income Opportunities Class A	%
Touchstone Dividend Equity Fund Class A	%	Touchstone Sands Select Growth Fund Class A	%
Touchstone Large Cap Focused Fund Class A	%	Touchstone Value Fund Class A	%
<b>TOTAL</b>			<b>100%</b>

<b>4. BROKER/DEALER or ADVISOR INFORMATION</b>
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If you do not have a Broker/Dealer or Investment Advisor, please leave this section blank.

By this designation, I hereby authorize Touchstone Investments and its Agents to accept instructions from and transmit information to my Broker/Dealer or Investment Advisor concerning my accounts:

Name of Broker/Dealer or Advisor Firm		Dealer Number	
Registered Rep Name		Registered Rep Number	
Branch Address		Branch Number	
City	State	Zip Code	Registered Rep Phone
Dealer's Authorized Signature			Date

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### Registered Investment Advisors

Firm Name	
Advisor's Name	State
Email Address	

### 5. DESIGNATION OF BENEFICIARY

I hereby designate the following individual(s) as my beneficiary(ies) and request that in the event of my death, my 403(b) Program account be distributed as indicated below. I hereby revoke all previous beneficiary designations. (Attach additional sheets if necessary.)

Beneficiary Name: Please PRINT			Social Security Number (Required)		
Select one: Primary Beneficiary <input type="checkbox"/> Contingent <input type="checkbox"/>		Relationship:		Date of Birth (Required)	
Street Address	City	State	Zip Code	Required	%
Beneficiary Name: Please PRINT			Social Security Number (Required)		
Select one: Primary Beneficiary <input type="checkbox"/> Contingent <input type="checkbox"/>		Relationship:		Date of Birth (Required)	
Street Address	City	State	Zip Code	Required	%
Beneficiary Name: Please PRINT			Social Security Number (Required)		
Select one: Primary Beneficiary <input type="checkbox"/> Contingent <input type="checkbox"/>		Relationship:		Date of Birth (Required)	
Street Address	City	State	Zip Code	Required	%
Beneficiary Name: Please PRINT			Social Security Number (Required)		
Select one: Primary Beneficiary <input type="checkbox"/> Contingent <input type="checkbox"/>		Relationship:		Date of Birth (Required)	
Street Address	City	State	Zip Code	Required	%

### 6. EMPLOYEE AUTHORIZATION

**Please read and sign below to open your account.**

By signing this Application, I certify that I am of legal age, have received and read the current prospectus and Custodial Agreement, and agree to all terms and appoint First Bankers Trust Services, Inc. as Custodian of my account under the 403(b) Program.

I further certify that I have conferred with my Employer and agree that my Employer is eligible and is an employer of the type described in section 403(b)(1)(a) of the Internal Revenue Code, as amended.

Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number and (2) that the Internal Revenue Service has never notified me that I am subject to backup withholding or has notified me that I am no longer subject to such withholding.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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**7. EMPLOYER ACCEPTANCE AND AUTHORIZATION**

\_\_\_\_\_  
Signature of Employer/Sponsor or its Designee

\_\_\_\_\_  
Date

**Send completed form to:**

USI Consulting Group  
Attn: Touchstone Investments Service Team  
95 Glastonbury Blvd., Suite 102  
Glastonbury, CT 06033-6503  
Phone: (866) 305-8846, Plan Code 241  
Fax: (610) 537-2708