

%

%

100%

Social Security Number



Part 1
Participant Name

Complete all sections below and Print clearly in Blue or Black ink

PARTICIPANT INFORMATION

Money Purchase Program Reallocation Transfer/future Investment Elections

Street Address				Date of Birth		
City		State	Zip Code	Date of Hire		
Daytime Phone Number Em	Email Address			Company Division or Location		
	- / EUTURE IN	/= OTM=NI				
Part 2 REALLOCATON TRANSFER / FUTURE INVESTMENT ELECTIONS						
l elect to reallocate the investment of my existing accommust be in whole percentages and total 100%). Chec This election applies to my existing balar This election applies to my future contrib This election applies to both my existing Note: to select different elections for existing	k only ONE box b nce only. outions only. balance and fut	elow: ure contrib	utions.	·		
Investment Option	Reallocation Percent	Investment Option		Reallocation Percent		
Touchstone Active Bond Fund Class A	%	Touchstone Small Company Fund Class A		%		
Touchstone Balanced Fund Class A	%	Touchstone Non-US ESG Equity Fund Class		%		
Touchstone Flexible Income Fund Class A	%	Touchston	one Ultra Short Duration Fixed %			
Touchstone International Value Fund Class A	%	Federated Government Obligations Fund %				
Touchstone Ares Credit Opportunities Fund Class A	%	Touchston	Touchstone Strategic Income %			

Part 3 PARTICIPANT SIGNATURE

Touchstone Dividend Equity Fund Class A

Touchstone Large Cap Focused Fund Class A

I authorize USI Consulting Group (USICG), as recordkeeper for my Plan, to make the above changes in the percentages indicated. I understand that the requested changes will occur as soon as administratively feasible and that every effort will be made to implement the changes on the day my form is received by USICG, provided that my form is in good order and received before 1:00 PM EST, and provided that the fund selections I have made are not subject to any trade restrictions imposed by the investment fund managers that would prevent my changes from being implemented. I further understand that this authorization will supersede any previously dated elections I have made and will be processed upon receipt regardless of any other activity or transactions I may initiate on paper or via the website. I acknowledge that some funds may impose redemption fees to prevent short term trading and round trip transactions and authorize USICG to execute the acknowledgement on my behalf in order to implement my requested changes. This authorization will continue in effect until changed by me.

%

Participant or Broker Signature	Date

Once you have completed the form, please forward to USICG choosing **ONE** of the options below:

Email address: USICGForms@usicg.com

Fax Number: (610) 537-2708

Regular Mail: USI Consulting Group

Attn: Touchstone Investments Service Team

Touchstone Sands Select Growth Fund

Touchstone Value Fund Class A

The sum of the "Reallocation Percent" columns must equal 100%

95 Glastonbury Blvd., Suite 102 Glastonbury, CT 06033-6503

Phone: (866) 305-8846, Plan Code 656 Email: <u>Touchstonefinancialadvisors@usi.com</u>