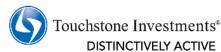


Social Security Number

Date of Birth



Part 1

Participant Name

Street Address

401(k) Program Reallocation Transfer/future Investment Elections

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

PARTICIPANT INFORMATION

City			State	Zip Code	Date of Hire	
Daytime Phone Number	Email Address			1	Company Division or Location	
Part 2 REALLOCATON TRANSFER / FUTURE INVESTMENT ELECTIONS						
I elect to reallocate the investment of my exist (must be in whole percentages and total 100%) This election applies to my exist This election applies to my futur This election applies to both my Note: to select different elections for e	6). Check only ing balance or contributions existing balan xisting balan	ONE box below nly. s only. nce and future nce and future	<i>r</i> : contrib	utions.	·	rm for each.
Investment Option	Reallocation Percent	Investment Ontion			ion	Reallocation Percent
Touchstone Active Bond Fund Class A	% Touchstone Small Company Fund Class A				d Class A	%
Touchstone Balanced Fund Class A	% Touchstone Non-US ESG Equity Fund Class A				Fund Class A	%
Touchstone Flexible Income Fund Class A		e Ultra	Short Duration	%		
Touchstone International Value Fund	% Federated Governr			ment Obligations Fund SS		%
Touchstone Ares Credit Opportunities	% Touchstone S			ategic Income Opportunities Class		%
Touchstone Dividend Equity Fund Class A		% Touchston	e Sands	ands Select Growth Fund Class A		
Touchstone Large Cap Focused Fund		% Touchstone Value Fund Class A				
The sum of the "Reallocation Percent" columns must equal 100%						100%
Part 3 PARTICIPANT SIGNA	TURE					
I authorize USI Consulting Group (USICG), as reco requested changes will occur as soon as administic received by USICG, provided that my form is in good subject to any trade restrictions imposed by the investigation of the subject to any trade restrictions imposed by the investigation will supersede any previously transactions I may initiate on paper or via the web round trip transactions and authorize USICG to authorization will continue in effect until changed by	ratively feasible a d order and recei estment fund mar y dated elections site. I acknowled execute the ackr	and that every efformed before 1:00 Penagers that would I have made and ge that some fund	ort will be M EST, prevent r will be p ds may ir	e made to imple and provided that my changes fron processed upon npose redemption	ment the changes on t at the fund selections I I n being implemented. I receipt regardless of a on fees to prevent sho	he day my form is nave made are not further understand ny other activity or t term trading and
Participant or Broker Signature						Date
Once you have complete	ed the form, pleas	se forward to USIC	CG choos	ing ONE of the	options below:	
1	Email address:	: USICGForms@	@usicg.	com		
1	Fax Number: (610) 537-2708					
1	Regular Mail:	USI Consulting Attn: Touchstor		tments Servic	e Team	

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