

401(k) Program Reallocation Transfer/future Investment Elections

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

Part 1 PARTICIPANT INFORMATION			
Participant Name			Social Security Number
Street Address			Date of Birth
City	State	Zip Code	Date of Hire
Daytime Phone Number	Email Address		Company Division or Location

Part 2 REALLOCATON TRANSFER / FUTURE INVESTMENT ELECTIONS
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I elect to reallocate the investment of my existing account balance and/or invest future contributions to my account as indicated below (*must be in whole percentages and total 100%*). Check **only ONE** box below:

- This election applies to my existing balance only.
- This election applies to my future contributions only.
- This election applies to **both** my existing balance and future contributions.

Note: to select different elections for existing balance and future contributions, submit a separate form for each.

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 A	%
Touchstone Flexible Income Fund Class A	%	Touchstone Ultra Short Duration Fixed Income	%
Touchstone International Value Fund	%	Federated Government Obligations Fund SS	%
Touchstone Ares Credit Opportunities	%	Touchstone Strategic Income Opportunities Class	%
Touchstone Dividend Equity Fund Class A	%	Touchstone Sands Select Growth Fund Class A	%
Touchstone Large Cap Focused Fund	%	Touchstone Value Fund Class A	%
<i>The sum of the "Reallocation Percent" columns must equal 100%</i>			100%

Part 3 PARTICIPANT SIGNATURE

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
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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
95 Glastonbury Blvd., Suite 102
Glastonbury, CT 06033-6503
Phone: (866) 305-8846, Plan Code 657