



# Employer Investment Change/Transfer Form



## Section A: General Information

Employer (District) Name:			
Plan Type: <input type="checkbox"/> HRA <input type="checkbox"/> Special Pay <input type="checkbox"/> Employer Sponsored 403(b) <input type="checkbox"/> Trust			
Address:		City:	State:    Zip:
Telephone Number:	Fax Number:	E-mail Address:	

### The below investment selection applies to:

Class A     Class B     Class C     Class D     Class E     Class \_\_\_\_     Forfeiture Account  
**in regards to:**     Existing Funds     Future Contributions     Both

## Section B: Default Investment Election

### AMERICAN UNITED LIFE INSURANCE COMPANY INVESTMENT OPTIONS: (totals must equal 100%)

Fixed Account ____% AUL Fixed Interest Account	Mid-Cap Stocks: Mid Cap Blend ____% Invesco MidCap Core Equity
Cash ____% OneAmerica Money Market	Small-Cap Stocks: Small Cap Blend ____% Lord Abbett Small-Cap Blend
Intermediate Term Bond ____% OneAmerica Investment Grade Bond	Small-Cap Stocks: Small Cap Growth ____% Fidelity Advisor Small-Cap
Balanced ____% OneAmerica Asset Director	International Stocks: International Blend ____% Thornburg International Value
Large-Cap Stocks: Large Cap Value ____% AllianceBernstein Value	International Stocks: International Value ____% T Rowe Price International Growth & Income
Large-Cap Stocks: Large Cap Blend ____% American Century Equity Growth	Managed Asset Allocation: Mgd Asset Allocation ____% American Century Strategic – Allocation: Aggressive ____% American Century Strategic – Allocation: Conservative ____% American Century Strategic – Allocation: Moderate ____% Russell 2020 Strategy Fund ____% Russell 2030 Strategy Fund ____% Russell 2040 Strategy Fund
Large-Cap Stocks: Large Cap Growth ____% T Rowe Price Growth Stock	
Mid-Cap Stocks: Mid Cap Value ____% OneAmerica Value	

*If no allocations are indicated or the total allocation percentages do not equal 100%, the total Purchase Payment(s) will be allocated to the AUL Fixed Account pending allocation instructions from the Owner.*

## Section C: Employer Certification and Signature

MidAmerica Administrative & Retirement Solutions, Inc. does not and cannot make representations or commitments to employers concerning the investment options for your plan. We simply provide data received from asset custodians as forwarded to our systems.

By signing below, I agree that the funds involved and associated financial risks have been described to me such that the allocation selection is based on my best prudent understanding in the interest of the Employer's Plan.

\_\_\_\_\_  
Employer Signature/Title

\_\_\_\_\_  
Date

Please return this completed form to:

MidAmerica Administrative & Retirement Solutions, Inc.  
 Attn: Plan Implementation Dept.  
 211 E. Main St., Suite 100  
 Lakeland, FL 33801

<b>Office Use Only</b>		
Balance _____	Account _____	Effective Date _____
Balance _____	Account _____	Effective Date _____