

Invesmart Investment Election Form

Samuel Merritt College Custom Saver Pension Plan - (#13575)

Please make your investment selection below by entering whole percentages in each category. Please be sure that your selections total 100% and that the minimum investment in any one fund is 1%. This Investment Election Form is to be used ONLY by newly eligible Plan Participants. To make changes to your current investment election, please use www.invesmart.com or the Voice Response System at 1-800-370-9601.

	Fund Name	Style	Create -A- Portfolio
Cash			
FDAXX	Fidelity Prime Fund - Daily Money Class	Money Market	___%
Bonds			
FMSAX	Fidelity Advisor Mortgage Secs T	Intermediate Government	___%
FSIAX	Fidelity Advisor Strategic Income T	Multisector Bond	___%
FAHYX	Fidelity Advisor High Income Advantage T	High Yield Bond	___%
Equities			
Large Cap Stock			
FEIRX	Fidelity Advisor Equity Income T	Large Value	___%
FGITX	Fidelity Advisor Growth & Income T	Large Blend	___%
FAEGX	Fidelity Advisor Equity Growth T	Large Growth	___%
Mid/Small Cap Stock			
FMCAX	Fidelity Advisor Mid Cap T	Mid-Cap Blend	___%
FSCTX	Fidelity Advisor Small Cap T	Small Growth	___%
International Stock			
FADIX	Fidelity Advisor Diversified Intl T	Foreign Stock	___%
FIATX	Fidelity Advisor Intl Capital App T	Foreign Stock	___%
FAERX	Fidelity Advisor Overseas T	Foreign Stock	___%
FGETX	Fidelity Advisor Global Equity T	World Stock	___%
Other			
FAIGX	Fidelity Advisor Balanced T	Moderate Allocation	___%
Total			100%

Employee Certification:

By signing this form I certify that:

1. I have received the investment information on the funds available in the plan and understand that additional information, including prospectus, is available on the fund company websites.
2. All personal information, including my Social Security Number is correct.
3. I understand that I should consider investments outside of my retirement plan when choosing my investment allocation above.
4. I understand that if I incorrectly select multiple options, or if there is NO investment election on record, contributions will be placed in the default fund selection.

NOTE: If your plan is currently converting from another provider to Invesmart, please review the separate communication regarding how existing asset balances will be transferred.

Signature	Date	Email Address
Printed Name	Social Security Number	
Street Address	Date of Birth	Date of Hire
City	State	Zip Code
Mother's Maiden Name		