



**ACCOUNT CHANGE FORM**

**Call our office with any questions 866-WCP-PLAN**

**STEP ONE - Enter your name, the company you work for and what changes you would like to make.**

Name \_\_\_\_\_

Company You Work For: \_\_\_\_\_

Change of future Salary Deferral Contributions. As a participant, I hereby authorize my Human resources department to alter the amount of my payroll deductions as follow FROM \_\_\_\_\_ TO \_\_\_\_\_

The election is being made to change the way all FUTURE contributions to my account are invested.

This election is being made to TOTALLY REBALANCE my account as indicated below AND to change how future contributions are invested. (See below)

**STEP TWO – Indicate Either a Model Portfolio or Indicate Funds Choices for Custom Model.**

I now select the following preallocated Active Model Portfolio:  
 \_\_\_\_\_ 100% Income Portfolio \_\_\_\_\_ 100% Income & Growth Portfolio \_\_\_\_\_ 100% Growth & Income Portfolio \_\_\_\_\_ 100% Capital Growth Portfolio

**OR** Please use the following custom Passive Model: (be sure this is an option in your plan)  
 \_\_\_\_\_ Institutional Index 20/80 \_\_\_\_\_ Institutional Index 40/60 \_\_\_\_\_ Institutional Index 60/40 \_\_\_\_\_ Institutional Index 80/20

**OR** Individual Choice listed below:

Fund Name	Fund Symbol (5 letters)	Percentage
TOTAL		100%

**STEP THREE – Read the terms and conditions sign and fax to us at 401-274-1635 and give to your Human Resource Department.**

I agree that all disclaimers and contract terms from my original Enrollment and Salary Deferral Agreement will remain in effect.

**X** \_\_\_\_\_

Participants Signature Social Security Number

\_\_\_\_\_

Daytime Phone Number e-mail address Date