

INVESTMENT SELECTION FORM

Fund Name		Fund #	
-	of the above referenced fund, I he omplete a separate form for each	• •	
	Percentage must equal 100%		
Growth Pool		<u>%</u>	
Moderate Pool		<u>%</u>	
Money Market Pool		<u>%</u>	
	owledge that I have read and un I have authority to request the a		
Printed Name	Signature	Date	
Printed Name	Signature	Date	
Printed Name	Signature	Date	
	For SCF Use Only		
Date Received:			
Approved by:			
Effective Date:			
Processed Date:			
1		I	

If additional signatures are required attach page 2

Investment Selection Authorization Form

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Fund Name	Fund #	
Drinted Name	C; an at we	- Data
Printed Name	Signature	Date