

Investment Account Enrollment Form

Part 1 – General Information

Organization name	Address
_____	_____
_____	_____
Legal entity name if different from above	_____
_____	_____
Taxpayer ID number / EIN	_____
_____	_____
New account name	Primary phone number
_____	_____
Country of incorporation	Alternate phone number
_____	_____

Part 2 – Target Allocation

Please complete the following information. Enter your investment election in 1% increments; the total must equal 100%. If the total does not equal 100%, the form is invalid and will be returned.

Note: If you do not make an election, your funds will be invested 100% in the Multiple Asset Fund - I Series (MAF-I).

Fund Name	Allocation for Account
Fixed Income Fund – I Series (51C)	_____ %
Inflation Protection Fund – I Series (52C)	_____ %
International Equity Fund – I Series (53C)	_____ %
International Equity Index Fund – I Series (56C)	_____ %
Multiple Asset Fund – I Series (54C)	_____ %
Short Term Investment Fund – I Series (55C)	_____ %
Social Values Choice Bond Fund – I Series (77C)	_____ %
Social Values Choice Equity Fund – I Series (78C)	_____ %
U.S. Equity Fund – I Series (57C)	_____ %
U.S. Equity Index Fund – I Series (58C)	_____ %
U.S. Treasury Inflation Protection Fund – I Series (59C)	_____ %
Total	100%

Part 3 – Automated Clearing House (ACH) or Wire Transfers

ACH information is necessary to make electronic deposits and withdrawals between your bank or financial institution and Wespath.

Wire information is necessary to withdraw funds from your Wespath account(s) to your bank or financial institution.

Please include the information on the right:

Institution name	_____
Institution address	_____
_____	_____
Account name	_____
Routing number	_____
Account number	_____
Account type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Transfer type	<input type="checkbox"/> ACH <input type="checkbox"/> Wire

(continued)

Investment Account Enrollment Form (continued)

Part 4 – Signature

Print name of signatory 1*	_____	Title	_____
Signature on behalf of account holder	_____	Date	_____
Print name of signatory 2*	_____	Title	_____
Signature on behalf of account holder	_____	Date	_____

*Two signatures are required.



Please complete this form and send it by:

- E-mail (scanned copy) to **support@wespath.org**
- Fax to **1-847-866-4894**
- Mail to **Wespath Institutional Investments**
1901 Chestnut Avenue
Glenview, IL 60025-1604

Be sure to provide a copy of your organization's articles of incorporation or certificate in good standing from your Secretary of State, and keep a copy for your records.

Part 5 – For Wespath Use Only

Account number _____