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INVESTMENT CHANGE FORM

To make changes to the investment menu for your Plan, complete this form and return to support@rpgconsultants.com. **The signature of a Plan Trustee or 3(38) Fiduciary is required.** RPG will prescreen the requested investment funds and report any restrictions that may prohibit smooth operation. RPG does not guarantee the results of investment screenings. In some instances, additional fund company and/or custodial paperwork is required to be completed by the Plan Advisor or 3(38) Fiduciary. When determining the desired effective date for this investment change, be advised that **Participants must receive 30 days advance notice** of any changes to the Plan's investment menu. To allow necessary processing time and distribution of the required 30-day Participant notice, please allow at least 45 days from the time this form is submitted in good order. Please enter the desired effective date for the investment changes (must be a specific date; "ASAP" will not be accepted):

Plan Name:		**Effective Date:**	

Qualified Default Investment Alternatives (QDIA): Any change to the Plan's current QDIA menu will require a revised QDIA Notice to be prepared and distributed to Plan Participants. Will this investment change/add new options to the Plan's QDIA menu?

Yes ◯ (Complete the grid below) No ◯ (Skip to the next section)

Symbol	Investment Name	Target Age Range (if applicable)
		age_____ - age _____
		age_____ - age _____
		age_____ - age _____
		age_____ - age _____

Investment Replacements: Use the grid below to initiate investment replacements. You may consolidate two or more existing funds into a single replacement fund or split an existing fund into two or more replacement funds. Investment replacements will transfer existing assets into the new funds, close the replaced funds, and update participants' investment allocations.

Symbol	From: Investment Name	Mapping Allocation	Symbol	To: Investment Name
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		

Add new investment options:

Symbol	Add: Investment Name

Remove existing investment options (must have zero balance):

Symbol	Remove: Investment Name

☐ I authorize the above requested changes and acknowledge that the fund replacements can take up to three business days to initiate and complete.

Date _____ Name (Please Print) _____ Signature _____