181 South Franklin Avenue, Suite 202
Valley Stream, NY 11581
Phone: (212) 947-4800
Fax: (212) 947-4866
support@rpgconsultants.com

INVESTMENT ALLOCATION PLANNING WORKSHEET

Plan Name: ______________________________

Participant Name: ____________________ Soc. Sec. No.: ____________________

Address: ____________________ Phone No.: ____________________

City, State, Zip: ____________________ Email Address: ____________________

(CHECK THE DESIRED BOX BELOW AND COMPLETE THE APPLICABLE COLUMN)

☐ Rebalance my existing assets and change my future fund allocations to my new investment elections (complete column A only)

☐ Rebalance my existing assets to my new investment elections (no change to future fund allocations) (complete column A only)

☐ Change my future fund allocations to my new investments elections (no rebalancing of existing assets) (complete column A only)

☐ Move money between my existing investments* (no change to future fund allocations) (complete columns B and C only)

☐ Move money between my existing investments* and change future fund allocations to my new elections (complete columns A, B and C)

* If moving money between investments in columns B and C, please check one: ☐ Dollars or ☐ Percent

SYMBOL	INVESTMENT NAME	(A) INVESTMENT ELECTIONS	(B) SELL FROM	(C) BUY TO
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
TOTAL	Note: % entries in columns A and/or C must total 100%	100 %		

This worksheet is for investment allocation planning purposes to be completed with the aid of your financial advisor. Worksheets submitted to RPG Consultants will not be processed on your behalf. All investment allocation changes must be completed online using the Participant portal. Participants with limited computer access or those who do not wish to use a computer should seek the help of their HR department or financial advisor to log on to the Participant portal, using the Participant's login credentials, and submit investment allocation changes on their behalf.

______________________ Participant Signature

______________________ Name (please print)

______________________ Date

Rev: 12/2019