



NAME	LAST	FIRST	MIDDLE	Date of Birth	<b>Plan Type</b>  <input checked="" type="checkbox"/> Patrol-DROP
Social Security Number		Retirement Number			
Address		City	State	Zip	
Home Phone	Work Phone	Employer			

**INVESTMENT ELECTION CHANGE FORM - DROP**

**INVESTMENT ELECTION (FUTURE CONTRIBUTIONS ONLY)**

You must make your selection in whole increments. The total must equal 100%. This election will change the allocation of future DROP Plan contributions only. Funds are not guaranteed as to rate of return or principal stability. Your employer and NPERS are held harmless against any losses in these funds.

_____ % Investor Select (24)	_____ % U.S. Core Plus Bond (BF)	_____ % LifePath Index 2045* (BL)
_____ % U.S. Bond Index (18)	_____ % LifePath Index 2070* (BR)	_____ % LifePath Index 2040* (BM)
_____ % Stable Value (10)	_____ % LifePath Index 2065* (BG)	_____ % LifePath Index 2035* (BN)
_____ % International Stock Index (BD)	_____ % LifePath Index 2060* (BH)	_____ % LifePath Index 2030* (BO)
_____ % U.S. Total Stock Market Index (BA)	_____ % LifePath Index 2055* (BI)	_____ % LifePath Index Retirement* (BQ)
_____ % Global Equity (BE)	_____ % LifePath Index 2050* (BJ)	

\*LifePath Index funds are a mix of stocks, bonds, etc. that gradually adjust to provide asset allocations that seek to mitigate risk closer to your intended retirement date.

**TRANSFER OF EXISTING BALANCES/ELECTED DEFERRALS**

A transfer will move a dollar amount or % of your existing funds from one investment fund to another.

TRANSFER \$ \_\_\_\_\_ OR \_\_\_\_\_ % *from* the \_\_\_\_\_ FUND, *into* the \_\_\_\_\_ FUND.

TRANSFER \$ \_\_\_\_\_ OR \_\_\_\_\_ % *from* the \_\_\_\_\_ FUND, *into* the \_\_\_\_\_ FUND.

TRANSFER \$ \_\_\_\_\_ OR \_\_\_\_\_ % *from* the \_\_\_\_\_ FUND, *into* the \_\_\_\_\_ FUND.

TRANSFER \$ \_\_\_\_\_ OR \_\_\_\_\_ % *from* the \_\_\_\_\_ FUND, *into* the \_\_\_\_\_ FUND.

TRANSFER \$ \_\_\_\_\_ OR \_\_\_\_\_ % *from* the \_\_\_\_\_ FUND, *into* the \_\_\_\_\_ FUND.

TRANSFER \$ \_\_\_\_\_ OR \_\_\_\_\_ % *from* the \_\_\_\_\_ FUND, *into* the \_\_\_\_\_ FUND.

TRANSFER \$ \_\_\_\_\_ OR \_\_\_\_\_ % *from* the \_\_\_\_\_ FUND, *into* the \_\_\_\_\_ FUND.

I understand that my DROP contributions may not be withdrawn from the plan except in the event of termination, retirement, death, or disability. I authorize the above changes, and certify that the above information is accurate.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_