

IBEW LOCAL UNION 351 SURETY FUND

INVESTMENT ELECTION FORM

Return to:

I. E. Shaffer & Co.
P O Box 1028
Trenton, NJ 08628-0230
Fax (609) 883-7560

SECTION I - PERSONAL INFORMATION (Print)

Participant Name _____ Social Security No. _____
Last First Middle

SECTION II - YOUR INVESTMENT ELECTIONS - (Enter in 1% Increments)

I elect to change the investment of my Surety Fund account as follows:

Fund Choices (listed in order of increasing risk)	Reallocate My Current Balance	Invest My Future Contributions
Prudential Guaranteed Deposit Fund	_____ %	_____ %
Weaver Barksdale Intermediate Fixed Income Fund	_____ %	_____ %
Vanguard Balanced Index Fund	_____ %	_____ %
American Funds Target Date 2010 Fund	_____ %	_____ %
American Funds Target Date 2015 Fund	_____ %	_____ %
American Funds Target Date 2020 Fund	_____ %	_____ %
American Funds Target Date 2025 Fund	_____ %	_____ %
American Funds Target Date 2030 Fund	_____ %	_____ %
American Funds Target Date 2035 Fund	_____ %	_____ %
American Funds Target Date 2040 Fund	_____ %	_____ %
American Funds Target Date 2045 Fund	_____ %	_____ %
American Funds Target Date 2050 Fund	_____ %	_____ %
American Funds Target Date 2055 Fund	_____ %	_____ %
Vanguard Institutional Index Fund	_____ %	_____ %
Vanguard Dividend Appreciation Index - Admiral	_____ %	_____ %
BlackRock Eq Dividend I	_____ %	_____ %
Large Cap Growth Jennison Fund	_____ %	_____ %
Fidelity Contrafund	_____ %	_____ %
Vanguard Mid Cap Fund	_____ %	_____ %
Eaton Vance Atlanta Capital SMID-Cap A Fund	_____ %	_____ %
Vanguard Small Cap Fund	_____ %	_____ %
International Blend / Lazard Fund	_____ %	_____ %
Vanguard Developed Markets Index - Admiral	_____ %	_____ %
Prudential Retirement Real Estate Fund	_____ %	_____ %
Total (must equal 100%)	= 100%	= 100%

SECTION III - AUTHORIZATION

I authorize the Trustees of the Surety Fund to invest my account balance and future contributions as indicated above. The fund selection was based solely upon my decision and not recommended by the Board of Trustees, Prudential, Weaver Barksdale, the Fund Office or Administrator, the Union, or any contributing Employer. My election will become effective on the first business day after it is received and processed by the Fund Office. I understand that it may take up to five business days to complete the transactions to reallocate my account in accordance with my election. I understand that this election remains in force and in effect unless I file with you a later election form which you accept. I understand that any percentage selected must be in increments of 1%. I further understand that I do not have the right or power to direct specific investments under any Fund option granted by this election form.

Signature _____ Date _____