



Health Care Reimbursement Account Investment Election Form

Member Profile	
Member Name:	Social Security #:
Date:	Date Effective:

To change future contribution alignments only, complete column A. To change existing balance alignments only, complete column B. To change both existing and future contributions, complete both columns.

Investment Election				
Investment	Ticker	Fund category	A. New percentage of future contributions	B. New percentage to allocate to existing balances
JPMorgan US Equity R6	JUEMX	Large Cap Blend	_____%	_____%
Vanguard 500 Index Adm	VFIAX	Large Cap Blend	_____%	_____%
T. Rowe Price Growth Stock	PRGFX	Large Cap Growth	_____%	_____%
Invesco Comstock R6	ICSFX	Large Cap Value	_____%	_____%
Vanguard Mid Cap Index Adm	VIMAX	Mid Cap Blend	_____%	_____%
Vanguard Mid Cap Growth Inv	VMGRX	Mid Cap Growth	_____%	_____%
Vanguard Selected Value Inv	VASVX	Mid Cap Value	_____%	_____%
DFA US Small Cap I	DFSTX	Small Cap Blend	_____%	_____%
Vanguard Small Cap Index Adm	VSMAX	Small Cap Blend	_____%	_____%
Wells Fargo Advantage Small Co Growth R6	WSCRX	Small Cap Growth	_____%	_____%
DFA US Targeted Value I	DFVFX	Small Cap Value	_____%	_____%
Vanguard Total Intl Stock Index Adm	VTIAX	Foreign Large Blend	_____%	_____%
American Funds EuroPacific Growth R6	RERGX	Foreign Large Growth	_____%	_____%
Vanguard Inflation-Protected Secs Adm	VAIPX	Inflation Protected Bond	_____%	_____%
Vanguard Total Bond Market Index Adm	VBTLX	Intermediate Term Bond	_____%	_____%
Metropolitan West Total Return Bond I	MWTIX	Intermediate Term Bond	_____%	_____%
Vanguard Target Retirement Inv	VTINX	Target Date	_____%	_____%
Vanguard Target Retirement 2010 Inv	VTENX	Target Date	_____%	_____%
Vanguard Target Retirement 2015 Inv	VTVX	Target Date	_____%	_____%
Vanguard Target Retirement 2020 Inv	VTWIX	Target Date	_____%	_____%
Vanguard Target Retirement 2025 Inv	VTTVX	Target Date	_____%	_____%
Vanguard Target Retirement 2030 Inv	VTHR	Target Date	_____%	_____%
Vanguard Target Retirement 2035 Inv	VTTHX	Target Date	_____%	_____%
Vanguard Target Retirement 2040 Inv	VFORX	Target Date	_____%	_____%
Vanguard Target Retirement 2045 Inv	VTIVX	Target Date	_____%	_____%
Vanguard Target Retirement 2050 Inv	VFIFX	Target Date	_____%	_____%
Vanguard Target Retirement 2055 Inv	VFFVX	Target Date	_____%	_____%
Vanguard Target Retirement 2060 Inv	VTTSX	Target Date	_____%	_____%
			100%	100%

I hereby elect to initiate or change my Health Care Reimbursement Account investment elections as designated on this form. I understand the risks associated with investing and acknowledge that information including a prospectus, has been made available to me that would enable me to make an informed investment decision.

Member Signature:	Date:
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Save time: submit this information online. Questions? Call Member Services at (651) 662-5065 or 1-800-859-2144.

Submit online:
Log into your account at
www.SelectAccount.com

Fax to:
651-662-7247
866-231-0214

Mail to:
P.O. Box 64193
St. Paul, MN 55164-0193

Health Care Reimbursement Account Crediting Rates

Balance	Rate
\$0 - \$499	0.25%
\$500 - \$999	0.25%
\$1,000 - \$1,499	0.40%
\$1,500 - \$2,499	0.40%
\$2,500 - \$4,999	0.40%
\$5,000 - \$9,999	0.50%
\$10,000 - \$24,999	0.75%
\$25,000 - \$49,999	1.00%
\$50,000 or greater	1.25%