CONVERGE
RETIREMENT PLAN

Allocation Request Form
Retirement Advantage Certificate

Participant Information:
Participant Account Number: _____
Name: _____
Home Address: _____
Phone Number: _____
Email Address: _____

Retirement Advantage Certificate:
Note: amount requested cannot exceed 50% of current Defined Contribution Plan balance.
Total amount to invest in the Retirement Advantage Certificate (in dollars):

$_____
As of the next quarter ended (circle one): Mar. 31 June 30 Sept. 30 Dec. 31

Signature Section:

I understand the amount requested above will be invested in the Converge Cornerstone Fund Retirement Advantage Certificate as of the end of the next upcoming quarter as I have requested above. I have read the Converge Cornerstone Fund Retirement Advantage Certificate Disclosure Form and have signed and returned it to the Converge Retirement Plan office. I understand and accept full responsibility for the risks associated in investing in the Converge Cornerstone Fund Retirement Advantage Certificate.

_____
Participant Signature Date

_____
Spouse Signature Date