

CONVERGE RETIREMENT PLAN  
2002 S. Arlington Heights Road  
Arlington Heights, IL 60005  
Phone: (877) 482-6882

**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