Rabbinical Council of America Pension Plan
Investment Allocation Form

Participant Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Social Security #: _____-_____-_____

INVESTMENT SELECTION - I hereby direct that all funds contributed to the Plan on my behalf be invested as follows:

	Asset Class	Percentage	Symbol
Life Cycle Funds			
Fidelity Freedom Income Fund	Asset Allocation - Retired	%	FFFAX
Fidelity Freedom 2010 Fund	Asset Allocation - Retire in 2010	%	FFFCX
Fidelity Freedom 2015 Fund	Asset Allocation - Retire in 2015	%	FFVFX
Fidelity Freedom 2020 Fund	Asset Allocation - Retire in 2020	%	FFFDX
Fidelity Freedom 2025 Fund	Asset Allocation - Retire in 2025	%	FFTWX
Fidelity Freedom 2030 Fund	Asset Allocation - Retire in 2030	%	FFFEX
Fidelity Freedom 2035 Fund	Asset Allocation - Retire in 2035	%	FFTHX
Fidelity Freedom 2040 Fund	Asset Allocation - Retire in 2040	%	FFFFX
Index Funds			
Fidelity Spartan US Equity Index – Adv Class	Large Company Blend	%	FUSVX
Vanguard Growth Index Fund	Large Company Growth	%	VIGRX
Vanguard Value Index Fund – Signal Class	Large Company Value	%	VVISX
Vanguard Small Cap Growth Index Fund	Small Company Growth	%	VISGX
Actively Managed Funds			
American Funds Growth Fund of America – R5	Large Company Growth	%	RGAFX
American Funds Washington Mutual Fund – R5	Large Company Value	%	RWMFX
Royce Total Return Fund Investment Class	Small Company Value	%	RYTRX
Dodge & Cox International Stock Fund	Foreign Large Value	%	DODFX
American Funds Capital World G/I Fund	World Stock	%	CWGIX
PIMCO Total Return Fund – Admin Class	Intermediate-Term Bond	%	PTRAX
Fixed Income Account Met Life fixed interest account (3.0% for 2009)	Fixed Income	%	N/A
Totals ***(percentages must total 100%)***		**100%**	

This investment allocation applies to: ☐ Current investments only ☐ New contributions only
(You must check one box) ☐ Both current investments and new contributions

By signing below, I attest that I have been provided all of the appropriate Prospectuses, the ERISA Section 404(c) Employee Information Sheet and the Summary Plan Description.

_____ _____ ____/____/____

Employee Signature Plan Representative Signature Date

For assistance in completing this form contact the plan's investment advisor at CFS (800) 298-6059
You can review or change your investment allocation at www.pentrack.com or
return this form to Northeast Consulting Group, 11 Commerce Drive, Cranford, NJ 07016

Revised 3/27/2009