



NATIONAL EMPLOYERS RETIREMENT TRUST

Investment Transfer Request

Use this form to:

- transfer your **current** Plan balance(s) from one fund to another
- change how you want your **future** contributions invested.

Do Not use this form to: Elect Rebalanced Model Portfolio

SECTION I -- To transfer your account balances from one fund to another, please tell us how you want to transfer your funds by checking the appropriate box below.

Please transfer my **existing plan balances** as follows:

- ' Please rebalance my account balances based on:
- ' my current allocation percentages
 - ' my new allocation percentages indicated in Section II below.

- ' Please transfer the specific account balances designated below:

Move _____ of _____ to _____
(\$ or %) (transfer from fund name) (transfer to fund name)

Move _____ of _____ to _____
(\$ or %) (transfer from fund name) (transfer to fund name)

Move _____ of _____ to _____
(\$ or %) (transfer from fund name) (transfer to fund name)

SECTION II — To change how your future contributions are invested, designate what percentage of your contributions should go into the fund(s) indicated below.

_____ Nationwide-Provident Fixed Income Fund

_____ Strong Government Securities Fund

_____ Wells Fargo Strong Corporate Bond Fund

_____ PIMCO Foreign Bond Fund

____0____ Principal U S Property Fund

_____ Vanguard Index (S&P 500) Fund

_____ Husic Capital Growth Fund

_____ Vanguard Wellington Fund

_____ FBR Small Cap Fund

_____ Artisan International Fund

_____ Pioneer Cullen Value Fund

100%

Total

SECTION III --- Please sign and date this section before returning the form to the Plan Administrator. I understand that this election will be effective once it is received in good order at the Office of the Administrator - NERT. This request represents my informed decision regarding the investment options available to me under my retirement plan. I acknowledge receiving and reading a copy of the prospectus(es) relating to these funds.

Participant Signature

Date

Plan Name

Participant Name (please print)

Participant Social Security Number

Please return this form to Office of the Administrator, NERT., 4701 Sangamore Rd., Suite 205 South, Bethesda, MD 20816 or fax to our office: (301) 320-6854.