



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 your future contributions are invested, designate what percentage of your contributions should go into the fund(s) indicated below.

_____	Guaranteed Fund (Nationwide-Provident)
_____	Strong Government Securities Fund
_____	Strong Corporate Bond Fund
_____	Vanguard Wellington Fund
_____	Principal U S Property Fund
_____	Vanguard Index (S&P 500) Fund
_____	Fidelity Blue Chip Fund
_____	American Century Ultra Fund
_____	FBR Small Cap Fund
_____	Artisan International Fund
_____	Pioneer Cullen 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 Thomas F. Barrett, Inc. 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.**