

Health Care Savings Program Investment Change Form

Please print clearly • Retain a copy for your records



Do this online!

Log into your myMERS account from www.mersofmich.com

Employer verification - To be filled out by your employer

Name of employer* Wayne County	Municipality number* 8261	Division number (6 digits)* 301675
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1. Information about you

Last name*	First name*	MI	Social Security number*
Email address			

2. Change election choices

I want to CHANGE my investment selections (please select only one)

- These changes will affect only my **FUTURE** contributions (current dollars will remain in existing funds)
- These changes will affect only my **CURRENT** account balance (future contributions will continue to go into current fund)
- These changes will affect **BOTH** **FUTURE** contributions and **CURRENT** account balance

* Required field

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3. Investment menu

If you wish to make changes to your investment choices, provide whole percentages below (**total allocated must equal 100%**). If this section is left blank, allocations will remain as your last recorded investment election or (for new participants) will default to the age-appropriate Retirement Strategy fund.

“Do it for me”

Retirement Strategies	
2005 Retirement Strategy	%
2010 Retirement Strategy	%
2015 Retirement Strategy	%
2020 Retirement Strategy	%
2025 Retirement Strategy	%
2030 Retirement Strategy	%
2035 Retirement Strategy	%
2040 Retirement Strategy	%
2045 Retirement Strategy	%
2050 Retirement Strategy	%
2055 Retirement Strategy	%
2060 Retirement Strategy	%

Please refer to the *Understanding the MERS Investments Menu* book and the *Fund Summary Sheets* for information regarding each investment option, including potential redemption fees, and restrictions (www.mersofmich.com).

“Help me do it”

Portfolios Built for You (Stocks/Bonds)	
MERS Total Market Portfolio	%
MERS Global Stock Portfolio (100/0)	%
MERS Established Market Portfolio (60/40)	%
MERS Diversified Bond Portfolio (0/100)	%

Funds to Build Your Own Portfolio	
Large Cap Stock Index	%
Mid Cap Stock Index	%
Small Cap Stock Index	%
Emerging Market Stock	%
International Stock Index	%
Real Estate Stock	%
Bond Index	%
High Yield Bond	%
Short-Term Income	%

4. Required signature

My signature acknowledges that I have received, read, understand, and agree to all pages of this *Health Care Savings Program Investment Change Form* and affirms that all information I have provided is true and correct. I have also received all informational material detailing the general Plan features, the investment options offered, and any and all administrative charges and fees which may be deducted from the account(s) maintained on my behalf. I understand that my rights under the program shall be governed by the terms and conditions of the Plan Document pursuant to all applicable state and federal laws, rules and regulations.

Data collected on this form will be used by MERS staff for identification and documentation only.

Participant signature*	Date (mm/dd/yyyy)*
Participant name (please print clearly)*	Social Security number*

* Required field

Submitting this form:

You can submit this form online! 

If you already have a myMERS account, you can also upload this form online. Look for the **File Upload** feature in the top navigation to easily and securely submit completed forms.

You may also mail completed form to MERS' recordkeeper at:

Alerus Retirement Solutions
P.O. Box 64535
St. Paul, MN 55164