INSTITUTIONAL INVESTMENT APPLICATION

INSTITUTION INFORMATION (Please Print)				FOR OFFICE USE ONLY Date Received
Institution:			Account #	
Address:		City:	State:	Zip:
Telephone:		Fax:		
EIN:	E-mail address	::		
AUTHORIZED REPRESENT	TATIVES			
The following representatives are authe institution. (If more than two, p				
1) Name:		SS#:		
Telephone:	E-mail Address:			
Position:				
2) Name:	SS#:			
Telephone:	E-mail Address:			
Position:				
option (must total 100%). If no cl		remain in the Default sestment Options	trategy.	
The Set Rate Fund*	%	Large Cap Va	alue	%
The Moderate Strategy*	%	SMID Cap		%
The Default Strategy*	%	Real Estate ((REITs)	%
The Maximum Strategy*	%	Intermediat	e Fixed Income	%
All Cap Growth Equity	%	Short Term I	Fixed Income	%
Large Cap Growth	%			
*Preset Allocations		Total	%	
CERTIFICATION				
The institution requests that the above. The institution has revie our own investment judgment.	wed the information provid	ded by the Board of Re	tirement and has mad	de this selection based upon
Print Name:				
Authorized Signature:			Date:	

You should consider the investment objectives, risks and charges and expenses carefully before investing. Past performance does not guarantee future results. The investment account provided by Richland Ave Financial is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Neither the Board of Trustees nor the staff of Richland Ave Financial are engaged in rendering financial advice, legal advice, or other financial planning services. If such advice is desired or required, the services of a competent professional should be sought.



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