



Fund Reallocation Form

- Annuity Plan
 Rollover Contribution Account (RCA)

MEMBER ID: _____

PERSONAL INFORMATION

SSN: _____ Date of Birth: ____/____/____

Name of Member (last, first, middle initial): _____

Address: _____ City _____ State _____ ZIP _____

Cell Phone: (____) ____ - ____ Home Phone: (____) ____ - ____ Email: _____

INSTRUCTIONS

You may only submit one (1) reallocation form per month. Send this form as soon as possible to the Pension Boards. We must receive this form no later than 1:00 p.m. (ET) on the last business day of the month to be allocated/reallocated effective the first of the following month. All forms received after 1:00 p.m. (ET) on the last business day of the month will be allocated/reallocated effective the first day of the second month following submission.

You may also reallocate your accumulation balances by logging into your account at www.pbucc.org.

REALLOCATION OF CURRENT BALANCES

Reallocate your current contributions in 1% increments below.

- I wish to reallocate my entire account balance to show the following result.
 I wish to reallocate the accumulation balance in my _____ Fund as below.
 Please do not allocate the balance(s) of any other Fund(s).
-

INVESTMENT ALLOCATIONS

	Sustainable Balanced Fund	Bond Fund	Equity Fund	Stable Value Fund	Global Sustainability Index Fund	TAD Fund 2025	TAD Fund 2030	TAD Fund 2035	TAD Fund 2040	TAD Fund 2045	TAD Fund 2050	Fund percentage must total 100%
Reallocation of Current Balances (1% increments below)												
Employer Contributions	%	%	%	%	%	%	%	%	%	%	%	Total: _____%
Employee TSA and After-Tax Contributions	%	%	%	%	%	%	%	%	%	%	%	Total: _____%

SIGNATURE

By signing below, you agree for the Pension Boards to reallocate current balances as indicated in the above table.

Member Signature _____ Date: ____/____/____

Please return this signed and completed form by email to: info@pbucc.org; by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.