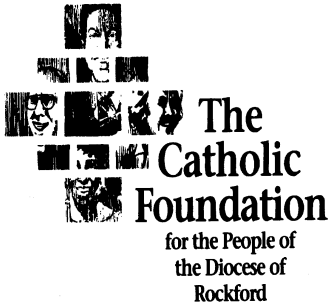


Fund Transfer Request

Please use this form to make a transfer of fund type.
You may make a fund transfer **once per account per fiscal year**.
Questions, call 815-399-4300. Please mail or fax to 815-399-5657.



Date _____

Participant Name _____

City _____

Diocese of Rockford
PO Box 7044
Rockford, IL 61125-7044

Please Transfer From:

Current Account # _____

Current Fund Type _____

Transfer Amount \$ _____ ①

Please Transfer To:

Balanced Fund \$ _____
(70% Growth, 30% Income)

Growth Fund \$ _____
(100% Stocks, Diversified)

Income Fund \$ _____
(100% Bonds, Gov't/Corp)

Total Transfer \$ _____ ① Amounts must equal

Pastor Signature

Date

Office Use Only	
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