

# Alight Financial Solutions Systematic Reinvestment (SRS) Form

## Account Owner Information

Account Number:

Primary Account Owner:

Joint Account Owner:

## Investment Instructions

Fund Name: (You must currently own this fund)

Fund Symbol:

Investment Amount: (\$100 minimum)

Investment Interval:

Monthly  Quarterly  Semi-Annually  Annually

Day of Month Investment to Occur:

Month SRS Investment Begins

## Additional Information

- Systematic investment instructions will continue until notice to cancel is provided.
- If systematic investment is to occur on a weekend or market holiday, the investment will be the following business day.
- You will be contacted if the fund you selected is not eligible for systematic investing.
- If you will be using ACH (automated transfers from your checking account) in conjunction with SRS please complete the ACH Authorization Form and attach a voided check.

## Signatures

Account Owner:

Date:

Joint Account Owner:

Date:

RETURN COMPLETED FORM TO:  
Alight Financial Solutions  
PO Box 563901  
Charlotte, NC 28256-3901  
FAX: 1.847.554.1444