

Meeder Retirement Portfolios Termination Form

PARTICIPANT NAME	PLAN NAME	PLAN NUMBER
SOCIAL SECURITY NUMBER	PHONE NUMBER	
**Please check the appropriate box below	that corresponds with the reason you are cle	osing your retirement plan account with Meeder
Investment Management. This information	n will be used to gain a better understanding	of why plan participants close their accounts and
give us direction for improvement.		

I am no longer employed with the company my retirement account is through

I have retired

I want to choose my own funds

I am dissatisfied with the investment results

The portfolio I am in does not suit my investment objectives

The fees associated with the Meeder Retirement Portfolios program are too high

Other. Please explain:

By signing below, I understand that I am ending investment advisory services through Meeder Investment Management for my retirement plan account.

I am taking on full responsibility for the investment of my retirement account.

The termination will be effective within (10) business days after receipt of the written termination form by the investment manager. This signed form may be faxed, mailed or emailed to the manager.

- » For fax delivery: 614.791.2572
- » For email delivery: clientservices@meederinvestment.com
- » For mail delivery: 6125 Memorial Drive, Dublin, OH 43017 Attention: MRP Operations

I am aware that once my account is terminated, my investment mix will remain as it was on the termination date until I affirmatively change the portfolio allocation. Notice of termination will be mailed to your address of record.

PARTICIPANT SIGNATURE (REQUIRED)	DATE (REQUIRED)
PARTICIPANT NAME (PRINT)	EMAIL ADDRESS

FOR QUESTIONS PLEASE CALL RETIREMENT PLAN SERVICES AT 888.865.6709