SAN DIEGO ELECTRICAL ANNUITY PLAN
CHANGE IN INVESTMENT SELECTION(S)

Name:_____ SSN (Last 4): _____ Date of Birth:
Last First

Address:_____ Change of Address? _____
Street City State Zip

I. INVESTMENT SELECTION FOR CONTRIBUTIONS:

I hereby authorize and direct the Plan administrator to invest my **incoming contributions** as follows from this date forward:

_____% 1. PIMCO Total Return Fund

_____% 2. Morgan Stanley Global Equity

___ ____% 3. Pacific Century Trust Stable Value

_____% 4. Ameristock

_____% 5. Eagle Capital Appreciation Trust

_____% 6. Vanguard Prime Money Market Fund

_____% 7. American Century Equity Income Fund

_____% 8. Keeley Small Cap Value Fund *

_____% 9 . Leuthold Core Investment Fund

_____% 10. Calamos Growth Fund *

_____% 11. Legg Mason Growth Trust

_____% 12. Vanguard REIT Index

_____% 13. AllianceBernstein International Value

_____% 14. Aberdeen International Growth Fund

_____% 15. Heartland Select Value Fund

_____% 16. Loomis Sayles Value Fund

_____% 17. Brown Capital Management Small Co

_____% 18. Royce 100 Svcs

_____% 19. Hartford Inflation Protected Fund

_____% 20. Van Eck Global Hard Assets Fund

_____% 21. Ivy Asset Strategy

_____% 22. AllianceBernstein Retirement Strategy (Circle one)
Retired/Near Retirement
2000 2005 2010
Contribution Phase
2015 2020 2025 2030
2035 2040 2045 2050

100 % TOTAL (Percentage must total 100)

* Please note, these funds have a 12(b)(1) fee. The 12(b)(1) fees incurred on these funds will be used to reduce administrative expenses of the Fund.
NOTE: If you do not direct the investment of your contributions, or if your selection of investments does not cover 100% of your contributions, the undirected portion of your contributions, will be invested in the Alliance Bernstein Retirement Strategy based on your age and expected retirement date.

2. TRANSFER OF EXISTING ACCOUNT BALANCES:

Please note, if you do not make a selection, your money will be left in the current fund(s).

I recognize that I have an existing account balance in the _____ Fund(s) and I hereby authorize and direct that the Plan administrator transfer my existing account balance(s) as follows:

_____(a) conform existing balances using the target percent(s) above; or

_____(b) entire balance to _____; or
Name of Fund

_____(c) leave as is.

_____
Signature Date

PLEASE SEND COMPLETED FORM TO:
COAST BENEFITS Fax: 619-280-4304
3444 Camino del Rio North #100, San Diego, CA 92108