

Aldine Independent School District 401(a) Matching Plan for Retirement Savings

Aldine Independent School District offers participants of the District's 401(a) Matching Plan for Retirement Savings the opportunity to self-direct and manage the investments in their individual accounts under the participant directed investment program. This program is offered by our current administrator, Public Agency Retirement Services (PARS) through Charles Schwab. All participants vested in their Employer Contribution Account as of August 31, 2006, and thereafter, are eligible to self-direct their own investments online or by completing and submitting to PARS an Investment Selection/Change Notice Form. Any participant vested in their Employer Contribution Account who chooses not to direct their own account will be automatically invested in the Wells Fargo Stable Return Fund.

INVESTMENT SELECTION/CHANGE NOTICE FORM

Initial Investment Selection Investment Change

EMPLOYEE INFORMATION

Employee Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Hire: _____

INVESTMENT OPTIONS

I choose to invest my account as follows: **YOU MUST SELECT OPTION 1 or 2 BELOW.**

1. Managed Investment Portfolio (select one portfolio below)

Current composition/allocation for each managed portfolio can be found in the Investment Booklet and on the PARS web site at www.pars.org

- Conservative Portfolio**
- Moderately Conservative Portfolio**
- Growth Portfolio**

2. Individual Fund Selection (make selection below*)

Fund Name	Symbol	Fund Selection Percentage*
American Funds Growth Fund R5	RGAFX	%
Davis Opportunity A	RPEAX	%
Julius Baer Total Return Bond A	BJBGX	%
DFA U.S. Large Cap Value	DFLVX	%
DFA Continental Small Co.	DFCSX	%
DFA Asia Pacific Small Co.	DFRSX	%
DFA U.S. Small Cap	DFSTX	%
DFA U.S. Small Cap Value	DFSVX	%
Columbia Value & Restruct Z	UMBIX	%
Harbor Bond Instl	HABDX	%
Third Avenue Value	TAVFX	%
Wells Fargo Stable Return Fund	949907208	%
		<i>Total Fund Percentage</i> 100%

I understand that if I elect a Managed Investment Portfolio, my contributions will be invested in a portfolio managed by the Aldine Independent School District, whose investment advisor is TCG Investment Advisory Services LP. I understand that it is my responsibility to review the investment portfolio allocation in the investment booklet or online and that such allocation is subject to change. I understand that if I have not designated an investment option, my account will automatically be invested in the Wells Fargo Stable Return Fund.

Turn Over – Please complete the back of this form.

DESIGNATION OF BENEFICIARY

Name(s) of Primary Beneficiary (ies)	Percentage (%)	Relationship to you	Date of Birth	Social Security Number
Name(s) of Contingent Beneficiary (ies)	Percentage (%)	Relationship to you	Date of Birth	Social Security Number

CURRENT MARITAL STATUS (check one)

- I am not married.** I understand that if I become married in the future, this form automatically ceases to apply and I should file a new Designation of Beneficiary.
- I am married.** If my spouse is not listed as the only Primary Beneficiary above, my spouse has signed the consent below. I understand that if my marital status changes, this designation will nevertheless remain in effect until I file a new Designation.

SPOUSAL CONSENT (Your spouse and Notary Public must complete if you are married and have designated someone other than your spouse as 100% Primary Beneficiary)

I hereby consent to the above beneficiary designation of my spouse, a participant of this Plan. I understand that in consenting to the designation of anyone except myself as primary beneficiary, I am waiving my rights to a survivor benefit that I would legally be entitled to at a later date.

Name of Spouse: _____ Spouse's Signature: _____ Date: _____

Sworn to, and by me, this _____ day of _____ (month), _____ (year)

Name of Notary Public: _____

Notary Public's Signature: _____

FEE DISCLOSURE

TCG Investment Advisory Services, LP has been hired by the District as the investment advisor and fiduciary to the Plan and receives an advisory fee of .45% of account assets valued at \$0 to \$5,000,000, 0.35% of account assets valued at \$5,000,001 to \$10,000,000, 0.25% of account assets valued at \$10,000,001 and above. PARS is the Trust Administrator and handles the ongoing administration of the Plan for annual fees equal to 0.75% of account assets valued at \$0 to \$4,500,000, 0.50% of account assets valued at \$4,500,001 to \$20,000,000, 0.33% of account assets valued at \$20,000,001 and above. The above fees are calculated on the Plan level first then allocated to participant accounts proportionally based on account balance. A one-time distribution fee of \$15.00, an additional charge of \$20.00 for stop-payment requests, a \$5.00 charge for a 1099-R reissue and a \$50.00 charge for any 1099-R revisions will be applied where applicable. All fees will be deducted directly from participant accounts. **I understand that these fees will be deducted from my account.**

AGREEMENT AND CONSENT

This authorization replaces any previous one. I understand that these instructions will remain in effect until I change them in accordance with Plan rules. I hereby authorize Plan contributions made by my Employer to be invested per my investment election above. I have completed this Agreement with true and correct information and understand and agree to the provisions stated above. I further understand that neither my Employer, PARS, TCG Investment Advisory Services LP, nor Charles Schwab are responsible for any losses that arise out of participation in the Plan. By signing this form, I acknowledge receipt and review of the current prospectus of each fund in which an investment is being made.

Signed this _____ day of _____, 20____.

(Employee Signature)

(Employee Name – Please Print)

PLEASE RETURN THIS FORM TO

PARS Trust Administrator
P.O. Box 12919
Newport Beach, CA 92658-2919