Scudder Flex Plan Employee Account Change Form

SCUDDER INVESTMENTS

This form authorizes changes to your existing Scudder mutual fund retirement plan account(s).

1 Participant Information as It Now Appears on My Statement (required)

Name

Social Security Number

Address

Date of Birth

City State Zip

E-mail Address

2 Employer Information (required)

Company Name

Plan Number

3 Information to Be Changed

A. ☐ **Participant Information**

Name

E-mail

Address

City State Zip

B. ☐ **Future Allocations** Please invest my **future contributions** as follows:

Fund Name	Percentage
	%
	%
	%
	%
Percentages must total 100%	**100%**

C. ☐ **Rebalancing** Please choose one of the following options to change your existing account balance. All Sources of Money will be reallocated/transferred.

☐ Reallocate current balance according to percentages above. ☐ Reallocate current balance as follows:

Fund Name	Percentage
	%
	%
	%
Percentages must total 100%	**100%**

D. ☐ **Deferral (This information must be kept on file with the employer.)** Please indicate what your current deferral rate is and what you want your future deferral rate to be.

Current Deferral Rate _____% Future Deferral Rate _____%

4 Signature

By signing this authorization, you:

a. Acknowledge receipt of the current prospectus of the mutual fund(s) selected.

b. Authorize your plan's discretionary trustee/plan administrator to invest (or to direct the plan's directed trustee to invest) your **future contributions** as indicated in item 3B.

c. Authorize your plan's discretionary trustee/plan administrator to pay (or to direct the plan's directed trustee to pay) all sums payable by reason of your death to your named beneficiary.

The undersigned certifies that he or she has the power and authority to give the instructions stated herein. This account is subject to the terms of the Funds' prospectuses as amended from time to time, and the terms herein set forth, and is subject to acceptance by the Funds. All terms shall be binding upon the heirs, representatives and assigns of the account owner.

Signature of Employee Date

Signature of Employer Date

Upon completion the employer should retain a copy and return the original to:

Scudder Retirement Services
P.O. Box 219197
Kansas City, MO 64121-9197

Scudder Distributors, Inc.
222 South Riverside Plaza
Chicago, IL 60606-5808

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