



## Investment Application

University of Washington, Tax-Deferred 403(b) Plan — Plan I.D. #107  
 To be completed by employee. For assistance please call 800.368.2745.

### PART I: ACCOUNT REGISTRATION (Please type or print clearly)

NAME	SSN	DATE OF BIRTH	HIRE DATE
ADDRESS			
CITY	STATE	ZIP	
EMAIL ADDRESS	DAYTIME PHONE		

(If mailing address is a post office box, a street address is also required by the USA Patriot Act).

### PART II: FUND SELECTION

Please invest my contributions as follows: (please be sure that the percentages add up to 100%). All investments that fail to designate a Fund will automatically be invested in Calvert Social Investment Fund Money Market Portfolio (904).

MONEY MARKET FUND	EQUITY FUNDS
904 CSIF Money Market Portfolio _____ %	919 CSIF Equity Portfolio _____ %
FIXED-INCOME FUNDS	979 Calvert Large Cap Value Fund _____ %
908 Calvert Income Fund _____ %	934 Calvert Large Cap Growth Fund _____ %
980 Calvert High Yield Bond Fund _____ %	910 CSIF Enhanced Equity Portfolio _____ %
929 Calvert Long-Term Income Fund _____ %	933 Calvert Social Index Fund _____ %
916 CSIF Bond Portfolio _____ %	914 Calvert Capital Accumulation Fund _____ %
981 Calvert Short-Term Government Fund _____ %	961 Calvert Mid Cap Value Fund _____ %
923 Calvert Short Duration Income Fund _____ %	911 Calvert New Vision Small Cap Fund _____ %
970 Calvert Ultra-Short Income Fund _____ %	960 Calvert Small Cap Value Fund _____ %
974 Calvert Government Fund _____ %	971 Calvert Global Alternative Energy Fund _____ %
BALANCED AND ASSET ALLOCATION FUNDS	926 Calvert World Values International Equity Fund _____ %
905 CSIF Balanced Portfolio _____ %	973 Calvert Global Water Fund _____ %
962 Calvert Conservative Allocation Fund _____ %	972 Calvert International Opportunities Fund _____ %
963 Calvert Moderate Allocation Fund _____ %	
964 Calvert Aggressive Allocation Fund _____ %	
	Total _____ %

**PART III: BENEFICIARY DESIGNATION**

**Primary Beneficiary/Beneficiaries:** Subject to the conditions below, I hereby designate the following as my beneficiary(ies) under the Calvert Section 403(b)(7) Custodial Agreement.:

Share Percentage: \_\_\_\_\_% Relationship to Owner:  Spouse  Nonspouse

\_\_\_\_\_  
NAME SOCIAL SECURITY NUMBER DATE OF BIRTH  
\_\_\_\_\_  
RESIDENCE ADDRESS

Share Percentage: \_\_\_\_\_% Relationship to Owner:  Spouse  Nonspouse

\_\_\_\_\_  
NAME SOCIAL SECURITY NUMBER DATE OF BIRTH  
\_\_\_\_\_  
RESIDENCE ADDRESS

**Contingent Beneficiary/Beneficiaries:** Should the above-named predecease me, I hereby designate the following as my contingent beneficiary(ies):

Share Percentage: \_\_\_\_\_% Relationship to Owner:  Spouse  Nonspouse

\_\_\_\_\_  
NAME SOCIAL SECURITY NUMBER DATE OF BIRTH  
\_\_\_\_\_  
RESIDENCE ADDRESS

Share Percentage: \_\_\_\_\_% Relationship to Owner:  Spouse  Nonspouse

\_\_\_\_\_  
NAME SOCIAL SECURITY NUMBER DATE OF BIRTH  
\_\_\_\_\_  
RESIDENCE ADDRESS

Unless I have otherwise indicated, each payment made according to this Designation shall be paid in equal shares to the Primary Beneficiary(ies) who survive(s) me. If no Primary Beneficiary survives me, then payment shall be made in equal shares to the Contingent Beneficiary(ies) who survive(s) me. **Restriction: This Designation shall be effective only if received by the Custodian prior to the death of the Participant.** This Designation revokes all prior designations of beneficiary made by me with respect to my interest in this Custodial Account. I reserve the right to change my beneficiary(ies) by filing another Designation with the Custodian.

**PART IV: SIGNATURE (Please sign below)**

I acknowledge receipt of a copy of a current Prospectus of the above designated Fund(s) and agree to be bound by the terms of such Prospectus(es). I certify, under penalty of perjury, that my Social Security number shown on this application is correct and I designate the beneficiary (ies) as listed above. I also acknowledge that I have received and read and agree to the terms of the Custodial Agreement for the Calvert Section 403(b)(7) Custodial Account. The Calvert Prospectus and Custodial Agreement can be found at [www.calvert.com/investor-workplace-uwash.html](http://www.calvert.com/investor-workplace-uwash.html).

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE DATE WITNESS (OTHER THAN BENEFICIARY) DATE

By submitting this form you have agreed to an electronic signature. If mailing:

**CUSTODIAN, CALVERT RETIREMENT PLANS, P.O. BOX 8060, BOSTON, MA 02266-8060**

**Important Information — USA Patriot Act:** Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. This information will be verified to ensure the identity of all individuals opening a mutual fund account.

Calvert mutual funds are underwritten and distributed by Calvert Distributors, Inc., member FINRA, subsidiary of Calvert Group, Ltd., 4550 Montgomery Avenue, Suite 1000N, Bethesda, MD 20814. #AF10034-200909