

INVESTMENT SELECTION CHANGE REQUEST



This Investment Selection Change Request (“Request”) is used to modify the Investment Selection currently authorized by the Client. This Request does not change any other terms or conditions of the Investment Management Agreement.

ACCOUNT INFORMATION

Account Name and Registration:

Custodian:

Account Number:

CLIENT INFORMATION

Client Name:

Client Social Security or Tax I.D. Number:

Joint Client Names (if any):

Joint Client Social Security or Tax I.D. Number:

INVESTMENT SELECTION

Client should review the Beacon Capital Management, Inc. Form ADV Part II and Schedule F before selecting an investment. In addition, Client should review each fund prospectus before selecting an investment. Each portfolio and/or fund has unique objectives and risks.

PORTFOLIO NAMES	ALLOCATION (MUST EQUAL 100%)
Core Portfolios	
Preservation	
Conservative	
Balanced	
Growth	
Aggressive	
Satellite Portfolios	
DFA U.S. Large Company Portfolio (DFLCX)	
DFA U.S. Large Cap Value Portfolio (DFLVX)	
DFA U.S. Small Cap Portfolio (DFSTX)	
DFA U.S. Targeted Value Portfolio (DFFVX)	
DFA Large Cap International Portfolio (DFALX)	
DFA International Value Portfolio (DFIVX)	
DFA International Small Company Portfolio (DFISX)	
DFA International Small Cap Value Portfolio (DISVX)	
DFA Emerging Markets Portfolio (DFEMX)	
DFA Emerging Markets Value Portfolio (DFEVX)	
DFA Real Estate Securities Portfolio (DFREX)	
Powershares DB Commodity Index Trust (DBC)	
Powershares DB G10 Currency Harvest Trust (DBV)	
DFA Five-Year Government Portfolio (DFFGX)	
DFA Five-Year Global Fixed Portfolio (DFGBX)	
DFA Inflation-Protected Securities Portfolio (DIPSX)	
Money Market Fund	
TOTAL	100%

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FINANCIAL ADVISOR AUTHORIZATION

Please initial to indicate your approval (for joint accounts, both clients must initial).

		I authorize the Financial Advisor (“Solicitor”) listed in Exhibit A: Solicitation Disclosure of the Investment Management Agreement to provide instructions regarding my account – including making and/or changing investment selections. Financial Advisors shall provide all instructions to Beacon in writing, by electronic mail or facsimile transmission. Beacon has no responsibility to verify the accuracy or validity of any instructions received from Financial Advisor, and shall not be liable (either directly or indirectly) for any claim, loss or expense incurred by Client as a result of any action taken in good faith reliance upon any such direction.
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SIGNATURE / AUTHORIZATION

Client represents to have read all of the terms and conditions of the entire Investment Management Agreement including Exhibits, that govern this account and agrees to be bound by such terms and conditions. This Request only changes the Investment Selection of this Client Account. Client understands this Request may take up to 7 to 10 business days to be completed.

Client Signature	Printed Name	Date
Joint Client Signature (Required if applicable)	Printed Name	Date
Trustee/Administrator Signature (if applicable)	Printed Name and Title	Date