

5 Transfer Amount TO each Investment Option

Indicate the incoming transfer amount either in dollars **OR** as a percentage of the **TOTAL** amount being transferred.

- > If you indicate the amount in dollars, the total amount below must equal the total outgoing amount in Section 4.
- > If you indicate the amount as a percentage, the total allocation must equal 100%.

Complete only 1 column below – in either dollars or as a percentage.

Investment Option Name	Indicate the Incoming Amount <i>(in dollars OR percentage)</i>		Is this a new Investment Option?
	Dollars	Percentage	
Managed Allocation Option	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Diversified Equity Option (1974)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Principal Plus Interest Option (1056)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Equity Index Option (2003)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Balanced Option (2002)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Fixed Income Option (2004)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Total INCOMING Amount	\$	100.00%	

6 Signature and Authorization *(This section must be signed for this change to take effect.)*

By signing this form, I authorize the transfer of my Account to another Account Owner and/or Beneficiary and acknowledge the following:

- I certify that all of the information provided by me on this *Form* is, and all information provided by me in the future will be, true, complete and correct.
- If changing the Account Owner, the new Account Owner will submit an *Account Application* along with this Form, unless he/she already maintains an Account for the Beneficiary.
- If changing the Beneficiary, I agree to the same representations, warranties, and agreements for my new Beneficiary as were stated in the original *Account Application* for my current Beneficiary and I certify that the new Beneficiary is a “member of the family” of the current Beneficiary, as defined in Section 529 of the Internal Revenue Code.
- If I am participating in the Automatic Contribution Plan (ACP), I understand that my participation in ACP will be cancelled only if I transfer my entire Account to a new Account owner and/or Beneficiary; otherwise my ACP contributions will continue in my original Account unless an *Electronic Banking Information Form* accompanies this form.
- If I am making contributions by payroll deduction, I understand that my payroll contributions will continue into this Account, regardless of the amount transferred, unless I notify my employer that I want to stop or change the amount of my payroll deduction, or unless an updated *Payroll Deduction Form* accompanies this form to reallocate payroll contributions among my Account(s) for different Beneficiaries, if any.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an authorized representative of the Account Owner, including an Entity Account Owner, either a medallion signature guarantee or a Signature Validation Program (SVP) Stamp appears on this form, as described below.¹) If I am transferring my entire account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner

Date

IMPORTANT INFORMATION

If you are **changing the Account Owner**, a medallion signature guarantee is required for all Entity Accounts and may be required if you are the Authorized Representative of an Individual Account. If you are **changing the Beneficiary**, a Signature Validation Program (SVP) Stamp is required for all Entity Accounts and may be required if you are the Authorized Representative of an Individual Account. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a medallion signature guarantee or SVP will be provided. Unless a medallion signature guarantee appears below, any change of Account Owner or Beneficiary will result in a 30-day hold on withdrawals.

Note: A medallion signature guarantee is not required if a Program Power of Attorney Form is on file for an Individual Account, or if a Program Power of Attorney Form accompanies this form.

GUARANTOR TO AFFIX STAMP HERE

Mail this form to:

Regular Mail

Vermont Higher Education Investment Plan

P.O. Box 8101

Boston, MA 02266-8101

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