

3 Rebalance amount TO each Investment Option

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

- If you indicate the amount in dollars, then the total amount below must equal the total amount in Section 2.
- If you indicate the amount in percentages, then the total allocation must equal 100%.

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

Investment Option Name	Indicate the Amount (in dollars OR percentage)		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%	

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

By signing this form, I authorize the transfer of funds from my current Investment Option(s) in Section 2 to the Investment Option(s) indicated in Section 3. I certify and understand the following:

- A rebalance, or transfer of funds, among Investment Options for my Account can only be requested once per calendar year. I have not requested a rebalance in this Account at any prior time during the current calendar year.
- If I am participating in the Automatic Contribution Plan (ACP), I understand that my participation in ACP will continue into my previously designated Investment Option(s) unless an updated *Electronic Banking Information Form* accompanies this form.
- If I am making contributions by payroll deduction, I understand that my payroll contributions will continue into my previously designated Investment Option(s) unless an updated *Payroll Deduction Form* accompanies this request. I understand that I must notify my employer to stop or change the amount of my payroll deduction.
- I understand that this rebalance, or transfer, of funds will become effective upon the Plan's receipt of all required documentation in good order.

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, a Signature Validation Program (SVP) Stamp appears below. ³)

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

IMPORTANT INFORMATION

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 signature validation stamp will be provided.

Note: A Signature Validation Program (SVP) Stamp 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.

AFFIX SVP STAMP HERE

Mail this form to:

Regular Mail

Vermont Higher Education Investment Plan
P.O. Box 8101
Boston, MA 02266-8101

Program Administration by TIAA-CREF Tuition Financing, Inc.
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³ A Signature Validation Program (SVP) Stamp generally may be obtained from a bank, savings and loan association, or a member of these recognized stock exchanges: Securities Transfer Agents Medallion Program (STAMP), Stock Exchanges Medallion Program (SEMP), and New York Stock Exchange Medallion Signature Program (MSP). You also may be able to obtain a Signature Guarantee Program Stamp from a credit union provided it is authorized to guarantee signatures.