

To my current Qualified Tuition Program: <i>(Check only one box.)</i>	
Please withdraw funds from my account as requested here, issue a rollover check to the <i>Vermont Higher Education Investment Plan</i> and mail to the address below.	
<input type="checkbox"/> Rollover the ENTIRE balance in my account. (Est. Amt.: \$ _____.) OR <input type="checkbox"/> Rollover a PARTIAL balance in my account, as indicated below.	
Investment Option(s) Name	Rollover Amount(s)
1.	\$ _____
2.	\$ _____
3.	\$ _____
TOTAL OUTGOING ROLLOVER AMOUNT	\$ _____

Provide the name and mailing address of your current Qualified Tuition Program.

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Current Qualified Tuition Program Name

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Mailing Address Line 1

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Mailing Address Line 2

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City, State, Zip

5 Signature and Authorization *(Account Owner, Custodian or Authorized Representative of Entity must sign here.)*

By signing below, I certify and understand the following:

- The information contained in this form, and in any accompanying documentation, is true, complete and correct.
- I have not requested a rollover for the same Beneficiary within the last 12 months.
- If this rollover represents a change of beneficiary, 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- If I have enclosed a check for an indirect rollover, this amount was withdrawn from another Qualified Tuition Program or from a Coverdell Education Savings Account. I understand that the *Vermont Higher Education Investment Plan* must receive this check within 60 days of the withdrawal to qualify for rollover treatment.
- The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account.

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 medallion signature guarantee appears below.³)

_____	_____
<i>Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner</i>	<i>Date</i>

IMPORTANT INFORMATION

Your current Qualified Tuition Program may require a medallion signature guarantee on this form, or it may have additional requirements before releasing your funds. To avoid delays, call your current Qualified Tuition Program for instructions before mailing this form to *VHEIP*.

GUARANTOR TO AFFIX STAMP HERE

Mail this form to:

Regular Mail

Vermont Higher Education Investment Plan
 PO Box 8101
 Boston, MA 02266-8101



Program Administration by TIAA-CREF Tuition Financing, Inc.
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³ Certain commercial banks, trust companies, savings associations, credit unions and members of the United States stock exchange participate in the medallion signature guarantee program. A notary public **cannot** provide a medallion signature guarantee. Please contact your bank or broker, if needed.