

- ▶ Complete this form to transfer assets from one Beneficiary account to an account for a different Beneficiary. The new Beneficiary must be a "member of the family" of the current Beneficiary as defined in the **Disclosure Booklet**. You should consult a qualified financial, legal and/or tax advisor regarding the application of federal, state, and local tax law before making this change. The Beneficiary may not be changed on Custodial accounts.
- ▶ **Note:** Failure to provide required information may result in a delay of processing your request.
- ▶ If the Account Owner does not already have a VHEIP account for the new Beneficiary, they must also submit an Account Enrollment Form to process the transfer of account assets.
- ▶ **Complete a separate form for each account.**
- ▶ **Questions?** Visit www.vheip.org or call us at 1-800-637-5860.

1. ACCOUNT INFORMATION *(This is the current VHEIP account for which a transfer is being requested.)*

Account Number *(Required)*

Account Owner, Custodian, or Entity Name *(First, MI, Last, Suffix)*

Primary Phone Number

Alternate Phone Number

Account Owner Social Security Number or
Taxpayer Identification Number *(Required)*

Beneficiary Name *(First, MI, Last, Suffix)*

Beneficiary Social Security Number or
Taxpayer Identification Number *(Required)*

2. NEW BENEFICIARY INFORMATION

New Beneficiary Name *(First, MI, Last, Suffix)*

New Beneficiary Social Security Number
or Taxpayer Identification Number

New Beneficiary
Date of Birth *(mm/dd/yyyy)*

Do you have an existing VHEIP account for the new Beneficiary? *(Check one.)*

Yes. Provide the Account Number *(Required)*:

No. Complete and attach an Account Enrollment Form for the new Beneficiary.

3. TRANSFER AMOUNT *(Check one.)*

IMPORTANT INFORMATION:

This change is not permissible if it would cause the total account balance of the new Beneficiary's account, along with any other VHEIP accounts for that Beneficiary, to exceed the maximum account balance limit allowable per Beneficiary. You will be notified if the intended change would cause this limit to be exceeded.

Entire Balance.

By selecting this option, I am authorizing the closure of the account indicated in **Section 1** and the transfer of all account assets to an account for the Beneficiary designated in **Section 2**. I understand that automatic contributions established for this account, if any, will stop. If I am making payroll deposit contributions to this account, I must notify my employer to stop future contributions.

Partial Balance.

By selecting this option, I am authorizing the transfer of the dollar amount or percentage of account assets indicated below to an account for the Beneficiary designated in **Section 2**. I understand that automatic contributions or payroll deposits, if any, will continue unless I instruct otherwise by submitting the appropriate form.

If you are invested in more than one investment portfolio, the dollar amount or percentage indicated below will be taken proportionally from all your investment portfolios.

\$

Amount

OR

Percentage

%

4. TRANSFER ALLOCATIONS

- ☐ **Keep the same allocations options for my new beneficiary.** If your allocation option is age-based and the new beneficiary is in a different age bracket than the previous beneficiary, the age-bracket will automatically be updated.
- ☐ **Change my allocation options for my new beneficiary as directed to the right:**
Please select any one or combination of investment portfolios listed to the right. You can change allocations of future contributions at any time by logging into your account at **access.vheip.org**.

- ▶ Your total allocations must equal 100%.
- ▶ Use whole numbers; no fractions.
- ▶ Future contributions will be invested according to the allocation instructions you establish to the right.

VHEIP Managed Allocation Portfolio		%
VHEIP Diversified Equity Portfolio		%
VHEIP Equity Index Portfolio		%
VHEIP Balanced Portfolio		%
VHEIP Fixed Income Portfolio		%
VHEIP Principal Plus Interest Option		%
Total Allocations		100 %

5. ACCOUNT OWNER SIGNATURE & AUTHORIZATION (Complete this section in the presence of a notary public.)

By signing below, I am agreeing to the terms and conditions set forth below and in the Disclosure Booklet and Participation Agreement. I understand and agree that these documents govern all aspects of this account and are incorporated herein by reference.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner, and additionally that:

It is my intent to change the Beneficiary on the above-referenced account. I understand that there are restrictions under the federal tax laws on a change of beneficiary that are summarized in the Disclosure Booklet and Participation Agreement. I agree to the same representations, warranties, and agreements for my new beneficiary as were stated in the original Account Enrollment Form for my current beneficiary. I understand that at any time the value of my account(s) may be more or less than the amounts I contributed to such account(s). 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. I authorize the Plan to act on my instructions based upon this information. I have received, read and understand this form and the Disclosure Booklet, including the Participation Agreement. I understand that the Vermont Student Assistance Corporation may from time to time amend the Disclosure Booklet and Participation Agreement and I understand and agree that I will be subject to the terms of those amendments. If I am issuing instructions for an account in a representative capacity (e.g., as a Trustee of a Trust or pursuant to a Power of Attorney), I understand and acknowledge that I am assuming any responsibility for any adverse consequences resulting from my instructions. I further agree that neither VHEIP nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

Signature of Current Account Owner

Date

NOTARIZATION (REQUIRED)

ALL SECTIONS OF THE NOTARIZATION BELOW MUST BE COMPLETED BY A NOTARY AND LEGIBLE

STATE OF _____ ss.

COUNTY OF _____

Be it remembered that on the _____ day of _____,
A.D. 20____, personally appeared _____ signer
and sealer of the foregoing written instrument and acknowledged the
same to be his/her free act and deed.

BEFORE ME,

The Vermont Higher Education Investment Plan (Plan) is administered by the Vermont Student Assistance Corporation (VSAC). Interests in the Plan are issued directly to Account Owners by VSAC. Intuition College Savings Solutions, LLC (Intuition) is the Plan Manager.

