

3 Rebalance amount TO each Investment Option

Indicate the incoming rebalance amount in either dollars **OR** 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 as a percentage, then 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	
Conservative Age Based Allocation Option	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Moderate Age Based Allocation Option	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Aggressive Age Based Allocation Option	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Principal Plus Interest Option (1934)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
100% Equity Option (1933)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Balanced Option (2190)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
100% Fixed Income Option (2191)	\$	.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) specified in Section 2 into the Investment Option(s) indicated in Section 3 and I acknowledge the following:

- I understand that 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 contributions 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 automatic 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 also understand that I must notify my employer if I want to stop or change the amount of my payroll deduction.
- I understand that this annual transfer of funds will become effective upon the Program'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 individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner, a Signature Validation Program Stamp appears below.)

Signature of Account Owner, Custodian or Authorized Representative of Entity

Date

IMPORTANT INFORMATION

A Signature Validation Program Stamp is required for all entity Accounts and for Accounts in which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner. 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 Program Stamp will be provided.

Note: A Signature Validation Program Stamp is not required for an individual account if a Program *Power of Attorney Form* is on file, or if a Program *Power of Attorney Form* accompanies this form.

AFFIX STAMP HERE



Mail this form to:

Michigan Education Savings Program
PO Box 55925
Boston, MA 02205-5925

Program Administration by TIAA-CREF Tuition Financing, Inc.
MI1010.RBF/A12324