



### 3 Rebalance amount TO each Investment Option <sup>2</sup>

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 percentage, then the total allocation must equal 100%.

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

Investment Option Name	Indicate the Incoming Amount <i>(in dollars OR percentages)</i>		Is this a new Investment Option?
	Dollars	Percentage	
Managed Allocation Option	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
100% Equity Option (1918)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Balanced Option (2300)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
100% Fixed Income Option (2301)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Money Market Option (2302)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Guaranteed Option (1917)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
<b>Total INCOMING Amount</b>	\$	<b>100.00%</b>	

### 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) to the Investment Option(s) indicated in Section 2 and I acknowledge the following:**

- I understand a rebalance, or transfer of assets, 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 my contributions will continue into my original Investment Option(s) unless an updated *Electronic Banking Information Form* accompanies this form.
- If I am making contributions by automatic payroll deduction, I understand my payroll contributions will continue into my original Investment Option(s) unless an updated *Payroll Deduction Form* accompanies this request or I notify my employer to stop my payroll deduction.

**For Entity Accounts** *e.g. Trusts, Estates, Business Entities, IRC 501(c)(3) Organizations, or State/Local governments.*

I certify I am authorized by the entity Account Owner identified in Section 2 to act on its behalf and I have attached the appropriate documentation to substantiate authorization for this transaction.

**I understand this annual rebalance, or transfer, of assets will become effective upon the Program Manager's receipt of all required documentation in good order.**

*Signature of Account Owner, Custodian or Authorized Representative of Entity*

*Date*

#### Rebalance Tips

- If you request your rebalance by telephone, any questions can be immediately answered by a knowledgeable representative and your transaction can be processed on the same day, if received prior to 4:00 p.m. ET.
- Rebalance using ALL or a percentage of your Account unless you want very specific amounts to be rebalanced FROM or TO a particular Investment Option. Then you won't unintentionally leave a small balance in your original Investment Option(s).
- Consider the effect of this rebalance on your payroll deductions or automatic contribution plans (ACP), if any. You'll need to tell us if you want to change those options in any way; otherwise they will continue in your previously designated Investment Option(s).
- Read the *Disclosure Booklet* or visit the Plan's web site for information about the Investment Options available in the Plan.
- **Questions?** Call toll free 1-877-338-4646 (Monday through Friday).

**Mail this form to:**

#### Overnight Mail

Minnesota College Savings Plan  
30 Dan Road  
Canton, MA 02021-2809

#### Regular Mail

Minnesota College Savings Plan  
P.O. Box 55134  
Boston, MA 02205-5134



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<sup>2</sup> Effective November 1, 2007, transfers (including transfers where there is a change of the Beneficiary) from the Guaranteed Option to the Money Market Option will not be permitted. If this restriction changes, you will be notified prior to the effective date of any such change.



## Notice of Privacy Policy of the Minnesota College Savings Plan

The following notice provides important information about the reasons the Minnesota College Savings Plan (the "Plan") has requested certain information from you on your Application and other forms for the Plan and the way such information will be used by the Plan.

Section 7(b) of the Federal Privacy Act of 1974 (5 U.S.C.A. Section 552a note, Pub Law 93-579 Section 7) requires the State of Minnesota to disclose to you whenever your Social Security Number or Taxpayer Identification Number is requested, whether providing such information is mandatory or voluntary, the statutory or other authority by which the information is solicited, and the uses that the State of Minnesota will make of such information. Accordingly, you are hereby informed that the furnishing of your and your Beneficiary's Social Security Number or Taxpayer Identification Number on an Application and other Plan forms is mandatory in that failure to provide it will prevent participation in the Plan. Your and your Beneficiary's Social Security Number or Taxpayer Identification Number are requested pursuant to legal authority contained in the United States Code, Title 42, Section 405(c)(2) (C)(i); Internal Revenue Code of 1986, Section 6109(a); Proposed Treasury Regulation Section 1.529-4(b)(3)(i) and (c)(2)(i); and Internal Revenue Service Notice 2001-81. Your and your Beneficiary's Social Security Number or Taxpayer Identification Number will be used to verify identity, as an identifier for your Account in the Plan so that all necessary data is accurately recorded, and for federal and state tax administration purposes involving Sections 529(b)(6) and (d) of the Internal Revenue Code of 1986. Your Beneficiary's Social Security Number or Taxpayer Identification Number will also be provided to any Eligible Educational Institution that receives a direct distribution of a payment of Qualified Higher Education Expenses for the Beneficiary, so that the institution can verify your Beneficiary's identity. Pursuant to Minnesota Statutes, Section 13.02, subdivision 12 and Section 13.04, subdivision 2, you are hereby informed that the information that you supply on an Application, other Plan form, or on the Plan website is defined as private data on individuals and may not be disclosed to third parties without the informed consent of the person to whom it pertains, unless the information is authorized or required to be disclosed by Minnesota law, or other state or federal law. The purpose of requesting the information on the Application, other Plan form, or on the Plan website is to establish and administer a qualified tuition savings Account in the Plan according to the guidelines established under Section 529 of the Internal Revenue Code and by the State of Minnesota in Minnesota Statutes, Section 136G.01, et seq. Failure to provide the information requested on an Application or other Plan form will prevent your participation in the Plan. In order to establish and maintain a qualified tuition savings Account in the Plan for you, the information that you provide on the Application, other Plan form, or on the Plan website may be shared with other public and private individuals and entities for that sole purpose. Neither the Minnesota Office of Higher Education nor the Minnesota State Board of Investment discriminates on the basis of disability in the admission or access to, or treatment or employment in, their programs or activities.



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Minnesota College Savings Plan  
30 Dan Road  
Canton, MA 02021-2809

### Mail all forms to:

#### Regular Mail

Minnesota College Savings Plan  
P.O. Box 55134  
Boston, MA 02205-5134

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