

Investment Option Name	Indicate the Outgoing Amount <i>(in dollars OR percentage)</i>						
	Dollars				Percentage		
Managed Allocation Option	\$,			.0 0%
100% Equity Option (1918)	\$,			.0 0%
Balanced Option (2300)	\$,			.0 0%
100% Fixed Income Option (2301)	\$,			.0 0%
Money Market Option (2302)	\$,			.0 0%
Guaranteed Option (1917)	\$,			.0 0%
Total OUTGOING Amount	\$,			

4 Transfer amount TO each Investment Option

Indicate the incoming transfer amount in either dollars **OR** as a percentage of the **TOTAL** amount being transferred. Note, if you indicate the amount in dollars, then the total amount below must equal the total amount in Section 3. If you indicate the amount as a percentage, then the total allocation must equal 100%. **Complete only 1 column below – in either dollars or percentage.**

Investment Option Name	Indicate the Incoming Amount <i>(in dollars OR percentage)</i>							Is this a new Investment Option?
	Dollars				Percentage			
Managed Allocation Option	\$,			50 .0 0%	<input type="checkbox"/> Yes OR <input checked="" type="checkbox"/> No
100% Equity Option (1918)	\$,			25 .0 0%	<input type="checkbox"/> Yes OR <input checked="" type="checkbox"/> No
Balanced Option (2300)	\$,			.0 0%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
100% Fixed Income Option (2301)	\$,			.0 0%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Money Market Option (2302)	\$,			.0 0%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Guaranteed Option (1917)	\$,			25 .0 0%	<input type="checkbox"/> Yes OR <input checked="" type="checkbox"/> No
Total INCOMING Amount	\$,			100.00%	

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

- By signing this form, I authorize the transfer of my Account to another eligible Beneficiary and acknowledge the following:**
- I certify all of the information provided by me on this *Change of Beneficiary Form* is, and all information provided by me in the future will be, true, complete and correct.
 - I agree to the same representations, warranties, and agreements for my new Beneficiary as were stated in the original *Account Application* for my current Beneficiary.
 - I certify the new Beneficiary is a "member of the family" of the current Beneficiary, as defined in the Plan and in IRC Section 529.
 - If I am participating in the Automatic Contribution Plan (ACP), I understand my existing ACP will be cancelled only if I transfer my entire Account to a new Beneficiary; otherwise my ACP contributions will continue in my original Account unless an *Electronic Banking Information Form* accompanies this form.
 - If I am making contributions by automatic payroll deduction, I understand my payroll contributions will continue in my original Account, unless an updated *Payroll Deduction Form* accompanies this form to reallocate my payroll contributions or I notify my employer to stop my payroll deduction.

For Entity Accounts, including Minor Trust accounts with a minor as the Beneficiary

If I am signing on behalf of an entity, I certify I am authorized by the entity Account Owner identified in Section 1 to act on its behalf and I have attached the appropriate documentation to substantiate authorization for this transaction.

I further understand a change of Beneficiary in this Account could result in the forfeiture of a state matching grant, if any, previously received for my current Beneficiary.

John A Sample

November 1, 2007

Signature of Account Owner or Authorized Representative of Entity

Date

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



FINANCIAL SERVICES
FOR THE GREATER GOOD™

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Distributed by TIAA-CREF Individual & Institutional Services, LLC

MN0808.BCT

List of Approved Documents for Substantiation by Entity Account Owners
Including Minor Trust Accounts opened by a Trust that names a minor as beneficiary

Substantiation is required from an entity Account Owner when opening a Plan Account or when conducting a transaction for that Account. Such documentation must include the following:

1. the legal status of the entity;
2. authorization by the entity to open the Account or conduct the transaction; and
3. authorization by the entity for the signer of the form to open the Account or conduct the transaction.

The same document may provide substantiation of all of the three required elements.

The documents set forth below meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Program.

1. A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
2. A certificate signed by the owner of a sole proprietorship;
3. A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
4. A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);
5. A certificate signed by the chief executive officer of a state or local government agency;
6. A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
7. A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
8. A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
9. An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following: (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency; or
10. If the entity Account Owner is unable to provide substantiation in any of the foregoing forms, the entity Account Owner may propose an alternate form of substantiation to the Plan administrator's designee for consideration. The Plan administrator's designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.
 - ***If judged authentic and complete***, the Plan administrator's designee must act on the alternate form of substantiation within 30 business days of so determining.
 - ***If judged inauthentic or incomplete***, the Plan administrator's designee must notify the Account Owner of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.

Please retain a copy of this notice with your records.

Notice of Privacy Policy of the Minnesota College Savings Plan

The following notice provides important information about the reasons that 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 Higher Education Services Office 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.

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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