



### 3 Transfer Amount (TO the New Account Owner)

You can request a transfer of all or a portion of your Account. If you request a partial transfer, then you must indicate the outgoing transfer amount in either dollars **OR** as a percentage of the Investment Option(s) you currently own. The amounts transferred will be posted into the same Investment Option(s) in the new Account.

(Check only one box.)

**Transfer ENTIRE balance, including all Investment Options, OR**

**Transfer a PARTIAL balance** (Complete the boxes below in dollars OR as a percentage. Complete only 1 column.)

Investment Option Name	Indicate the Amount (in dollars OR percentage)	
	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%
<b>Total OUTGOING Amount</b>	\$ , .	

### 4 Signature and Authorization (Both the current and new Account Owner must sign this section for this change to take effect.)

By signing this form, I authorize the transfer of my Account to another eligible Account Owner and acknowledge the following:

- This transfer is irrevocable, terminates my ownership and transfers ownership, reversionary rights and powers (i.e., power to substitute beneficiaries and to direct distributions from the Account) to the new Account Owner.
- This transfer is effective when the Program Manager processes this form, which may include the establishment of a new Account for the new Account Owner. An *Account Application* completed by the new Account Owner either accompanies this form or has been previously completed if this new Account Owner already maintains an Account for this Beneficiary.
- 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 balance to a new Account Owner; otherwise my ACP contributions will continue unless an *Electronic Banking Information Form* accompanies this form.
- If I am making contributions by payroll deduction, I understand my payroll contributions will continue in my original Account, regardless of the amount transferred, unless an updated *Payroll Deduction Form* accompanies this form to reallocate payroll contributions among my Account(s) or I notify my employer to stop 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 acknowledge withdrawals cannot be made from the new Account within 30 days of the effective date of this change unless a medallion signature guarantee<sup>1</sup> of my signature (i.e. the current Account Owner) is affixed to this form.

**Current Account Owner**

*John A Sample* *November 1, 2007*

Signature of Current Account Owner or Authorized Representative of Entity

Date

**New Account Owner**

*Mary J Sample* *November 1, 2007*

Signature of New 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™

Program Administration by TIAA-CREF Tuition Financing, Inc.  
Distributed by TIAA-CREF Individual & Institutional Services, LLC

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<sup>1</sup> 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.



**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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