

5 Transfer Amount TO each Investment Option

Indicate the incoming transfer amount either in dollars **OR** as a percentage of the **TOTAL** amount being transferred.

- > If you indicate the amount in dollars, the total amount below must equal the total outgoing amount in Section 4.
- > If you indicate the amount as a percentage, the total allocation must equal 100%.

Complete only one column in either dollars or as a percentage.

Investment Option Name	Indicate the Incoming Amount <i>(in dollars OR percentage)</i>										
	Dollars							Percentage			
Managed Allocation Option (Age-based)	\$,				.		.00%
Principal Plus Interest Option (1917)	\$,				.		.00%
U.S. & International Equity Option (1918)	\$,				.		.00%
Moderate Allocation Option (2300)	\$,				.		.00%
100% Fixed Income Option (2301)	\$,				.		.00%
Money Market Option (2302)	\$,				.		.00%
International Equity Index Option (2303)	\$,				.		.00%
Aggressive Allocation Option (2295)	\$,				.		.00%
Conservative Allocation Option (2296)	\$,				.		.00%
Equity and Interest Accumulation Option (2297)	\$,				.		.00%
U.S. Large Cap Equity Option (2298)	\$,				.		.00%
Total INCOMING Amount	\$,				.		100.00%

6 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 Account Owner and/or to change the Beneficiary as indicated on this form. I acknowledge the following:

- I certify that all of the information provided by me on this form is true, complete and correct.
- If changing the Account Owner, the new Account Owner will submit an *Account Application* along with this form, unless he/she already maintains a Plan Account for the Beneficiary and I have provided the existing account number in Section 2.
- If changing the Beneficiary, I agree to the same representations, warranties, and agreements for my new Beneficiary as were stated in the original Plan Account Application for my current Beneficiary and I certify that the new Beneficiary is a "member of the family" of the current Beneficiary, as defined in Section 529 of the Internal Revenue Code. I understand that my existing banking information and successor account owner information, if any, will be copied to the new account.
- If I am participating in the Automatic Contribution Plan (ACP), I understand that my participation in ACP will be cancelled only if I transfer my entire Account balance to a new Account Owner and/or 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 payroll deduction, I understand that my payroll contributions will continue into this Account, regardless of the amount transferred, unless I notify my employer that I want to stop or change the amount of my payroll deduction.
- If I am transferring my entire account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner.

Signature of Account Owner or Authorized Representative of Entity

Date

Medallion Signature Guarantee – if applicable

Important Information

If you are *changing the Account Owner*, a Medallion Signature Guarantee is required for all entity Accounts or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the Account Owner. If you are *changing the Beneficiary*, a Signature Validation Program (SVP) Stamp is required for all entity Accounts or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the Account Owner. Unless a Medallion Signature Guarantee appears below, any change of the Account Owner or Beneficiary will result in a 30-day hold on withdrawals from the Account.

You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion Signature Guarantee or Signature Validation Program Stamp will be affixed to this form. **Note:** The Signature Validation Program Stamp is not required if a *Plan Power of Attorney Form* is on file for an individual Account, or if a *Plan Power of Attorney Form* accompanies this form.

Guarantor to Affix Stamp Here:

Mail 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



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.

MN0808.PRI



Overnight Mail

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

Mail this form to:

Regular Mail

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