



Minnesota College Savings Plan Rebalance Form

Use this form to rebalance, or transfer, assets among Investment Options within the Plan
Questions? Call toll-free 1-877-338-4646
P.O. Box 219455, Kansas City, MO 64121-9455
Visit www.MNSaves.org

Instructions

- You can rebalance funds among Investment Options within your Account twice per calendar year (or upon a change in Beneficiary to a Member of the Family).
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Plan at the above address.
- A Signature Validation Program (SVP) Stamp¹ may be required as described in Section 4.

1 Current Account Information *(You must provide complete information.)*

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Plan Account Number (Complete one form for each Account you own and/or for each Beneficiary).

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Telephone Number

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Account Owner or Trustee/Custodian Name (First, MI, Last, Suffix), or Entity Name

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Account Owner Email Address

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Beneficiary Name (First, MI, Last, Suffix)

2 Rebalance Instructions *(You must complete this section)*

This Rebalance instruction applies only to assets currently in your account; it will not change your allocation instructions for future contributions.

- For a FULL rebalance, enter the dollars, write the word "ALL" or indicate the percentage in the "Rebalance From" column.
- For a PARTIAL rebalance, enter the dollars or percentages in the "Rebalance From" column.

Then, enter a percentage next to your selected Investment Option(s) in the "Rebalance To" column. The total amount in the "Rebalance From" column will be applied to your Investment Option(s) using the percentage(s) appearing in the "Rebalance To" column.

Note: If you're closing an investment option and do not want future contributions made to that option, please establish or change your allocation instructions in Section 3.

Rebalance FROM <i>(in Dollars OR percentage)</i>		Investment Option Name <i>(Investment Option Code)</i>	Rebalance TO <i>(percentage only)</i>	Check if new Investment Option ²
Dollars or ALL	Percentage			
	%	Managed Allocation Option (Age-based)	%	<input type="checkbox"/> New Option
	%	Principal Plus Interest Option (1917)	%	<input type="checkbox"/> New Option
	%	U.S. & International Equity Option (1918)	%	<input type="checkbox"/> New Option
	%	Moderate Allocation Option (2300)	%	<input type="checkbox"/> New Option
	%	100% Fixed Income Option (2301)	%	<input type="checkbox"/> New Option
	%	Money Market Option (2302)	%	<input type="checkbox"/> New Option
	%	International Equity Index Option (2303)	%	<input type="checkbox"/> New Option
	%	Aggressive Allocation Option (2295)	%	<input type="checkbox"/> New Option
	%	Conservative Allocation Option (2296)	%	<input type="checkbox"/> New Option

¹ A Signature Validation Program (SVP) Stamp is available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

² If a new Investment Option is opened, a different option number will be assigned. You can also use the *Additional Contribution by Mail* form to contribute by check at any time.

Rebalance FROM <i>(in Dollars OR percentage)</i>		Investment Option Name <i>(Investment Option Code)</i>	Rebalance TO <i>(percentage only)</i>	Check if new Investment Option
Dollars or ALL	Percentage			
	%	Equity and Interest Accumulation Option (2297)	%	<input type="checkbox"/> New Option
	%	U.S. Large Cap Equity Option (2298)	%	<input type="checkbox"/> New Option
TOTAL			100%	

3 Allocation Instructions for Future Contributions

Note: If you're closing an investment option and do not want future contributions made to that option, please establish or change your allocation instructions below.

- Use my current allocation instructions on file for future contributions.
- Establish or change my allocation instructions as indicated below for my future contributions.
- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
 - The Plan will apply these allocation instructions to future Automatic Contribution Plan (ACP) contributions.
 - These allocation instructions will not apply to payroll contributions, if any.

You can change your Allocation Instructions online, by telephone, or by form at any time.

Investment Option	Whole Percentage <i>(per Investment Option)</i>
Managed Allocation Option (Age-based)	%
Principal Plus Interest Option (1917)	%
U.S. & International Equity Option (1918)	%
Moderate Allocation Option (2300)	%
100% Fixed Income Option (2301)	%
Money Market Option (2302)	%
International Equity Index Option (2303)	%
Aggressive Allocation Option (2295)	%
Conservative Allocation Option (2296)	%
Equity and Interest Accumulation Option (2297)	%
U.S. Large Cap Equity Option (2298)	%
TOTAL	100%

Note: If you allocate your contributions to the Principal Plus Interest Option, transfers made at a later date from the Principal Plus Interest Option to the Money Market Option will not be permitted.

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 twice per 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 *Direct Deposit Form* accompanies this request or I notify my employer to stop my payroll deduction.

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

I certify that I am the Account Owner or the Trustee/Custodian, 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, Trustee/Custodian or Authorized Representative of Entity

Date

IMPORTANT INFORMATION

A Signature Validation Program Stamp is required for all 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 Plan *Power of Attorney Form* is on file, or if a Plan *Power of Attorney Form* accompanies this form.

AFFIX STAMP HERE



Overnight Mail
Minnesota College Savings Plan
430 W 7th Street Suite 219455
Kansas City, MO 64105-1407

Mail to:
Regular Mail
Minnesota College Savings Plan
P.O. Box 219455
Kansas City, MO 64121-9455

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