



# 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 55134, Boston, MA 02205-5134  
Visit [www.MNSaves.org](http://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) Stamp<sup>1</sup> 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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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 <sup>2</sup>
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
	%	Equity and Interest Accumulation Option (2297)	%	<input type="checkbox"/> New Option

<sup>1</sup> 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.

<sup>2</sup> If a new Investment Option is opened, a different option number will be assigned and new investment coupons will accompany your confirmation statement. 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>	U.S. Large Cap Equity Option (2298)	Check if new Investment Option
Dollars or ALL	Percentage			
	%	U.S. Large Cap Equity Option (2298)	%	<input type="checkbox"/> New Option
<b>TOTAL</b>			<b>100%</b>	

### 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)	%
<b>TOTAL</b>	<b>100%</b>

**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 annual 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 entity Accounts and for 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  
30 Dan Road  
Canton, MA 02021-2809

**Mail to:**  
**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