Path2College 529 Plan
Annual Rebalance Form

Use this form to rebalance, or transfer, funds among Investment Options within a Plan Account

Questions? Call toll-free 1-877-424-4377
PO Box 55924, Boston, MA 02205-5924
Visit www.path2college529.com

Instructions

- You can only rebalance, or transfer, funds among Investment Options within your Account once per calendar year. You can request this transaction by telephone or by mailing this form to the Plan. If you choose to request this transaction by mail, then you must complete all sections of this form.
- If a new Investment Option is opened, then a different fund number will be assigned to the Account and new investment coupons will accompany your next quarterly statement. You can also use the *Additional Contribution by Mail* form to make contributions by check at any time.
- You must complete a separate *Annual Rebalance Form* for each Account you own and/or for each Beneficiary. You can obtain additional copies of this form, or any Plan form, by calling the Plan or by visiting *www.path2college529.com*.
- 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[1] may be required as described in Section 4.

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

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Fund and Plan Account Number (Provide any one from your statement.)

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

Beneficiary Name (First, MI, Last, Suffix)

2 Rebalance amount FROM each Investment Option

You can rebalance of all or a portion of your Account. For a PARTIAL rebalance, you must indicate the outgoing transfer amount in either dollars **OR** percentage of the Investment Option(s) you currently own.

(Check only one box.)

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

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

Investment Option Name (*Fund Type*)	**Indicate the Outgoing Amount** *(in dollars OR percentage)*	
	Dollars	**Percentage**
Managed Allocation Option *(Age based)*	$, .	.00%
Aggressive Managed Allocation Option *(Age based)*	$, .	.00%
100% Equity Option *(Equity)*	$, .	.00%
Balanced Fund Option *(Blended)*	$, .	.00%
Fixed Income Option *(Fixed Income)*	$, .	.00%
Guaranteed Option *(Guaranteed)*	$, .	.00%
Money Market Option *(Capital Preservation)*	$, .	.00%
Total OUTGOING Amount	$, .	100.00%

Note: Transfers, including a change of Beneficiary, from the Guaranteed Option to the Money Market Option are not permitted.

[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 of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

3 Rebalance amount TO each Investment Option

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

- If you indicate the amount in dollars, then the total amount below must equal the total amount in Section 2.
- If you indicate the amount as a percentage, then the total allocation must equal 100%.

Complete only 1 column below – in either dollars or as a percentage.

Investment Option Name (*Fund Type*)	**Indicate the Incoming Amount** *(in dollars OR percentage)*		**Is this a new Investment Option?**
	Dollars	**Percentage**	
Managed Allocation Option *(Age based)*	$, .	%	☐ Yes OR ☐ No
Aggressive Managed Allocation Option *(Age based)*	$, .	%	☐ Yes OR ☐ No
100% Equity Option *(Equity)*	$, .	%	☐ Yes OR ☐ No
Balanced Fund Option *(Blended)*	$, .	%	☐ Yes OR ☐ No
Fixed Income Option *(Fixed Income)*	$, .	%	☐ Yes OR ☐ No
Guaranteed Option *(Guaranteed)*	$, .	%	☐ Yes OR ☐ No
Money Market Option *(Capital Preservation)*	$, .	%	☐ Yes OR ☐ No
Total INCOMING Amount	$, .	**100.00%**	

Note: Transfers, including a change of Beneficiary, from the Guaranteed Option to the Money Market Option are not 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) in Section 2 to the Investment Option(s) indicated in Section 3 and I acknowledge the following:

- I understand that a transfer of funds, among Investment Options for my Account can only be requested once each calendar year. I have not requested a rebalance in this Account at any prior time during the current calendar year.
- If I am participating in the Automatic Contribution Plan (ACP), I understand that my participation in ACP will continue into my previously designated Investment Option(s) unless an updated *Electronic Banking Information Form* accompanies this form.
- If I am making contributions by payroll deduction, I understand that my payroll contributions will continue into my previously designated Investment Option(s) unless an updated *Payroll Deduction Form* accompanies this request. I also understand that I must notify my employer if I want to stop or change the amount of my payroll deduction.
- I understand that this annual transfer of funds will become effective upon the Plan's receipt of all required documentation in good order.

I certify that I am the Account Owner, 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, Custodian or Authorized Representative of Entity *Date*

IMPORTANT INFORMATION

A Signature Validation Program 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 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 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.

AFFIX STAMP HERE

TIAA CREF
FINANCIAL SERVICES FOR THE GREATER GOOD™

Mail this form to:

Path2College 529 Plan
PO Box 55924
Boston, MA 02205-5924

Program Administration by TIAA-CREF Tuition Financing, Inc.