



Vermont Higher Education Investment Plan (VHEIP)

Annual Rebalance Form

Use this form to rebalance funds among Investment Options
Questions? Call toll-free 1-800-637-5860
 P.O. Box 8101, Boston, MA 02266-8101
 Visit www.vheip.com

Instructions

- You can only rebalance, or transfer, funds among Investment Options within your Account once per calendar year, except 2009 as described below. You can request this transaction by telephone, online or by mailing this form to the Plan. A Signature Validation Program (SVP) Stamp may be required as described in Section 4.
- If a new Investment Option is opened, a different fund number will be assigned to the Account and new investment coupons will accompany your next quarterly statement or use the *Additional Contribution by Mail* form at any time to make contributions by check.
- 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.vheip.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.

SPECIAL NOTICE: The Treasury Department and the IRS recently announced that for 2009 only, 529 plan account owners will be allowed to change Investment Options two times per year. This means that you can reallocate your investment to different investment options in your plan up to two times this year. Note, this change is for 2009 only.

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

1 9 7 4 - 0 1 2 3 4 5 6 7 8

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

J O H N A S A M P L E

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

A N N E M S A M P L E

Beneficiary Name *(First, MI, Last, Suffix)*

2 Rebalance amount FROM each Investment Option

You can request a rebalance of all or a portion of your Account. Note, if you request a PARTIAL rebalance you must indicate the outgoing transfer amount in either dollars OR as a percentage of the Investment Option(s) you currently own and want to rebalance into another Investment Option(s).

(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 <i>(in dollars OR percentage)</i>	
	Dollars	Percentage
Managed Allocation Option	\$, .	.00%
Diversified Equity Option (1974) ¹	\$, .	.00%
Principal Plus Interest Option (1056) ²	\$, .	.00%
Equity Index Option (2003)	\$, .	.00%
Balanced Option (2002)	\$, .	.00%
Fixed Income Option (2004)	\$, .	.00%
Total OUTGOING Amount	\$, .	

Rebalance Tips

- If you request your rebalance by telephone, your questions can be immediately answered and your transaction can be processed on the same day, if received prior to 4:00 p.m. ET.
- Rebalance using ALL or a percentage of your Account unless you want very specific amounts to be rebalanced FROM or TO a particular Investment Option. Then you won't unintentionally leave a small balance in your original Investment Option(s).
- Consider the effect of this rebalance on your payroll deductions or automatic contribution plans (ACP), if any. You'll need to tell us, or submit the appropriate form, if you want to change those options in any way; otherwise they will continue in your previously designated Investment Option(s).
- Read the *Disclosure Booklet*, visit www.vheip.com or call 1-800-637-5860 for information or assistance about the Plan.

¹ Called the 100% Equity Option until November 30, 2009.

² Called the Interest Income Option until November 30, 2009.

3 Rebalance amount TO each Investment Option

Indicate the incoming rebalance amount in either dollars **OR** as 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 in percentages, then the total allocation must equal 100%.

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

Investment Option Name	Indicate the Amount (in dollars OR percentage)		Is this a new Investment Option?
	Dollars	Percentage	
Managed Allocation Option	\$, .	50.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Diversified Equity Option (1974)	\$, .	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Principal Plus Interest Option (1056)	\$, .	25.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Equity Index Option (2003)	\$, .	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Balanced Option (2002)	\$, .	25.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Fixed Income Option (2004)	\$, .	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Total INCOMING Amount	\$, .	100.00%	

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. I certify and understand the following:

- A rebalance, or transfer of funds, among Investment Options for my Account can only be requested once per 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 understand that I must notify my employer to stop or change the amount of my payroll deduction.
- I understand that this rebalance, or 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 authorized representative of the Account Owner, including an Entity Account Owner, a Signature Validation Program (SVP) Stamp appears below. ³)

John A Sample

Sept. 30, 2009

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner

Date

IMPORTANT INFORMATION

A Signature Validation Program (SVP) Stamp is required for all Entity Accounts and may be required if you are the Authorized Representative of an Individual 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 signature validation stamp will be provided.

Note: A Signature Validation Program (SVP) Stamp is not required if a Program Power of Attorney Form is on file for an Individual Account, or if a Program Power of Attorney Form accompanies this form.

AFFIX SVP STAMP HERE

**Mail this form to:
Regular Mail**

Vermont Higher Education Investment Plan
P.O. Box 8101
Boston, MA 02266-8101



Program Administration by TIAA-CREF Tuition Financing, Inc.
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³ A Signature Validation Program (SVP) Stamp generally may be obtained from a bank, savings and loan association, or a member of these recognized stock exchanges: Securities Transfer Agents Medallion Program (STAMP), Stock Exchanges Medallion Program (SEMP), and New York Stock Exchange Medallion Signature Program (MSP). You also may be able to obtain a Signature Guarantee Program Stamp from a credit union provided it is authorized to guarantee signatures.