

5 Transfer Amount TO each Investment Option

Select your Investment Options below by indicating the incoming transfer amount you would like credited to each portfolio 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 1 column below – in either dollars or as a percentage.

Investment Option Name	Indicate the Incoming Amount (in dollars OR percentage)		Is this a new Investment Option?
	Dollars	Percentage	
Managed Allocation Option	\$	.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)	\$	.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)	\$	.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%	

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 Beneficiary and acknowledge the following:

- I certify that all of the information provided by me on this *Form* is, and all information provided by me in the future will be, 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 an Account for the Beneficiary.
- If changing the Beneficiary, I agree to the same representations, warranties, and agreements for my new Beneficiary as were stated in the original *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.
- 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 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, or unless an updated *Payroll Deduction Form* accompanies this form to reallocate payroll contributions among my Account(s) for different Beneficiaries, if any.

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, either a medallion signature guarantee or a Signature Validation Program (SVP) Stamp appears on this form, as described below.¹) If I am transferring my entire account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

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

Date

IMPORTANT INFORMATION

If you are **changing the Account Owner**, a Medallion Signature Guarantee may be 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.. Unless a Medallion Signature Guarantee appears below, any change of Account Owner or address change will result in a 30-day hold on withdrawals. 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 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 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 this form to:
Regular Mail**

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



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