



### 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	\$	.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
<b>Total INCOMING Amount</b>	\$	<b>100.00%</b>	

### 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 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 an Individual or Entity Account Owner      Date

#### IMPORTANT INFORMATION

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 signature validation stamp will be provided.

**Note:** A Signature Validation Program (SVP) 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 SVP STAMP HERE

**Mail this form to:**

**Regular Mail**

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

VT1003.RBF

