



Michigan Education Savings Program

# Michigan Education Savings Program Annual Rebalance Form

Use this form to rebalance, or transfer, funds among Investment Options within a Program Account  
**Questions?** Call toll-free 1-877-861-MESP (1-877-861-6377),  
 Monday through Friday, 8:00 a.m. – 10:00 p.m. ET  
 P.O. Box 30361, Lansing, MI 48909-7861  
 Visit [www.misaves.com](http://www.misaves.com)

## Instructions

- Read the *Disclosure Booklet* for more information. Entity Account Owners should also review the enclosed *List of Documents Required for Substantiation by Entity Account Owners* and submit any required documentation along with this form.
- 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 Program. 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.
- 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 Program form, by calling the Program or by visiting [www.misaves.com](http://www.misaves.com) and clicking on *Account Forms*.
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Program at the above address.

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

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

Day Telephone Number

J O H N A S A M P L E	
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Account Owner or Custodian Name (First, MI, Last, Suffix), or Entity Name

A N N E M S A M P L E	
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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 units OR 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 units OR percentage. Complete only 1 column.)

Investment Option Name	Indicate the Amount (in dollars OR units OR percentage)													
	Dollars							Units	Percentage					
Conservative Age Based Allocation Option	\$						,				.			%
Moderate Age Based Allocation Option	\$						,				.			%
Aggressive Age Based Allocation Option	\$						,				.			%
Principal Plus Interest Option (1934)	\$						,				.			%
100% Equity Option (1933)	\$						,				.			%
Balanced Option (2190)	\$						,				.			%
100% Fixed Income Option (2191)	\$						,				.			%
<b>Total OUTGOING Amount</b>	\$						,				.			

### 3 Rebalance amount TO each Investment Option

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

Investment Option Name	Indicate the Amount (in dollars OR percentages)										
	Dollars									Percentages	
Conservative Age Based Allocation Option	\$					,			.		%
Moderate Age Based Allocation Option	\$					,			.		%
Aggressive Age Based Allocation Option	\$					,			.		50%
Principal Plus Interest Option (1934)	\$					,			.		25%
100% Equity Option (1933)	\$					,			.		%
Balanced Option (2190)	\$					,			.		%
100% Fixed Income Option (2191)	\$					,			.		25%
<b>Total INCOMIG Amount</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 into the Investment Option(s) indicated in Section 3 and I acknowledge the following:

- I understand that 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 contributions 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 automatic payroll deduction, I understand that my payroll contributions will continue into my previously designated Investment Option(s) unless an updated *Authorization for Automatic 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 rebalance, or transfer, of funds will become effective upon the Program Manager's receipt of all required documentation in good order.

*John A Sample*

*June 12, 2006*

Signature of Account Owner, Custodian or Authorized Representative of Entity

Date

#### Rebalance Tips

- If you request a rebalance by telephone, your questions will be immediately answered by a knowledgeable representative and your transaction will 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 if you want to change those options in any way; otherwise they will continue on your original Investment Option(s).
- Read the *Disclosure Booklet* or visit the Program's web site for information about the Investment Options available in the Program.
- Questions?** Visit [www.misaves.com](http://www.misaves.com) or call toll-free 1-877-861-MESP (Monday – Friday from 8:00 a.m. – 10:00 p.m. ET).

#### Mail this form to:

Michigan Education Savings Program  
P.O. Box 30361  
Lansing, MI 48909-7861



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