



Michigan Education Savings Program

## Michigan Education Savings Program Transfer Amount Investment Options Form

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

**Questions?** Call toll-free 1-877-861-MESP (1-877-861-6377),  
Or write to the Plan at P.O. Box 219303, Kansas City, MO 64121-9303  
Visit [www.MIsaves.com](http://www.MIsaves.com)

### Instructions

- You can rebalance funds among Investment Options within your Account twice per calendar year (or upon a change in Beneficiary to a Member of the Family).
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Program at the above address.
- A Signature Validation Program (SVP) Stamp<sup>1</sup> may be required as described in Section 5.

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

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Program Account Number *(Complete one form for each Account you own and/or for each Beneficiary).*

Telephone Number

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

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Account Owner Email Address

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

## 2 Rebalance Instructions *(You must complete this section)*

**This Rebalance instruction applies only to assets currently in your account; it will not change your allocation instructions for future contributions.**

- For a FULL rebalance, enter the dollars, write the word "ALL" or indicate the percentage in the "Rebalance From" column.
- For a PARTIAL rebalance, enter the dollars or percentages in the "Rebalance From" column.

Then, enter a percentage next to your selected Investment Option(s) in the "Rebalance To" column. The total amount in the "Rebalance From" column will be applied to your Investment Option(s) using the percentage(s) appearing in the "Rebalance To" column.

**Note: If you're closing an investment option and do not want future contributions made to that option, please establish or change your allocation instructions in Section 3.**

Rebalance FROM <i>(in Dollars OR percentage)</i>		Investment Option Name <i>(Investment Option Code)</i>	Rebalance TO <i>(percentage only)</i>	Check if new Investment Option <sup>2</sup>
Dollars or ALL	Percentage			
	%	Conservative Age Based Allocation Option	%	<input type="checkbox"/> New Option
	%	Moderate Age Based Allocation Option	%	<input type="checkbox"/> New Option
	%	Aggressive Age Based Allocation Option	%	<input type="checkbox"/> New Option
	%	Global Equity Index Option (1933)	%	<input type="checkbox"/> New Option
	%	Principal Plus Interest Option (1934)	%	<input type="checkbox"/> New Option
	%	Balanced Option (2190)	%	<input type="checkbox"/> New Option
	%	100% Fixed Income Option (2191)	%	<input type="checkbox"/> New Option
	%	U.S. Equity Index Option (2337)	%	<input type="checkbox"/> New Option
	%	International Equity Index Option (2338)	%	<input type="checkbox"/> New Option
<b>TOTAL</b>			<b>100%</b>	

<sup>1</sup> 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 is the appropriate person to provide instruction. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

<sup>2</sup> If a new Investment Option is opened, a different option number will be assigned.

### 3 Allocation Instructions for Future Contributions

**Note: If you're closing an investment option and do not want future contributions made to that option, please establish or change your allocation instructions below.**

- Use my current allocation instructions on file for future contributions.
- Establish or change my allocation instructions as indicated below for my future contributions.
  - Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
  - The Program will apply these allocation instructions to future Automatic Contribution Plan (ACP) contributions.
  - These allocation instructions will not apply to payroll contributions, if any.

You can change your Allocation Instructions online, by telephone, or by form at any time.

Investment Option	Whole Percentage <i>(per Investment Option)</i>
Conservative Age Based Allocation Option	%
Moderate Age Based Allocation Option	%
Aggressive Age Based Allocation Option	%
Global Equity Index Option (1933)	%
Principal Plus Interest Option (1934)	%
Balanced Option (2190)	%
100% Fixed Income Option (2191)	%
U.S. Equity Index Option (2337)	%
International Equity Index Option (2338)	%
<b>TOTAL</b>	<b>100%</b>

### 4 Systematic Exchange (optional)

You may automatically reallocate funds from one or more investment option(s) to one or more different investment option(s) on a periodic basis on a date selected by you, by completing this section. For more detailed information about this feature, please see the *Program Disclosure Booklet*. The systematic exchange will begin upon receipt and acceptance of this Form in good order, on the exchange day selected below. If the exchange day is a weekend or holiday, the exchange will occur on the next business day. If an exchange frequency of quarterly is selected, the systematic exchanges will occur in March, June, September and December. Semiannual exchanges will take place in June and December. Annual exchanges will take place in December.

#### Exchange Frequency

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semiannually	<input type="checkbox"/> Annually
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Source Investment Option	Recipient Investment Option	Dollar Amount

**Exchange Day** (Select date between 1<sup>st</sup> and 31<sup>st</sup>)

Stop Date	
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Establishing, stopping or altering your Systematic Exchange will be considered one of the two account reallocations allowed per year. Systematic exchanges may be stopped or altered by completing a Transfer Among Investment Options Form located online at [www.Mlsaves.com](http://www.Mlsaves.com) or by contacting the Program at 1-877-861-6377.

## 5 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) into the Investment Option(s) indicated in Section 2 and I acknowledge the following:

- I understand that a rebalance or transfer of funds, among Investment Options for my Account can only be requested twice per 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 *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 Program'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.)

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*Signature of Account Owner, Custodian or Authorized Representative of Entity*

*Date*

### IMPORTANT INFORMATION

A Signature Validation Program (SVP) Stamp is required for all entity Accounts except accounts owned by a trust so long as current trust documents naming all trustees are on file with the Program and may be required for 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 for an individual account if a Program *Power of Attorney Form* is on file, or if a Program *Power of Attorney Form* accompanies this form.

AFFIX STAMP HERE

**Mail this form to:**

**Overnight Mail**  
Michigan Education Savings Program  
430 W 7<sup>th</sup> Street, Suite 219303  
Kansas City, MO 64105-1407

**Regular Mail**  
Michigan Education Savings Program  
P.O. Box 219303  
Kansas City, MO 64121-9303



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