



Michigan Education Savings Program

Michigan Education Savings Program Annual Rebalance 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),
P.O. Box 55925, Boston, MA 02205-5925
Visit www.MIsaves.com

Instructions

- You can rebalance funds among Investment Options within your Account once 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) Stamp¹ may be required as described in Section 4.

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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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 ²
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
TOTAL			100%	

¹ 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.

² If a new Investment Option is opened, a different option number will be assigned and new investment coupons will accompany your confirmation statement. You can also use the Additional Contribution by Mail form to contribute by check at any time.

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 (per Investment Option)
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)	%
TOTAL	100%

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) 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 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 *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.)

Signature of Account Owner, Custodian or Authorized Representative of Entity

Date

IMPORTANT INFORMATION

A Signature Validation Program Stamp is required for all entity Accounts and for Accounts in 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:

Michigan Education Savings Program
PO Box 55925
Boston, MA 02205-5925

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