



**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 Plan at the above address.
- A Signature Validation Program (SVP) Stamp<sup>1</sup> may be required as described in Section 5.

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

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

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Telephone Number

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

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Account Owner or Custodian Name 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			
	%	Age-Based Option	%	<input type="checkbox"/> New Option
	%	Aggressive Age-Based Option	%	<input type="checkbox"/> New Option
	%	Index-Based Aggressive Portfolio (3427)	%	<input type="checkbox"/> New Option
	%	Index-Based Growth Portfolio (3428)	%	<input type="checkbox"/> New Option
	%	Index-Based Moderate Growth Portfolio (3429)	%	<input type="checkbox"/> New Option
	%	Index-Based Conservative Growth Portfolio (3430)	%	<input type="checkbox"/> New Option
	%	Index-Based Income Portfolio (3431)	%	<input type="checkbox"/> New Option
	%	Active-Based Aggressive Portfolio (3432)	%	<input type="checkbox"/> New Option
	%	Active-Based Growth Portfolio (3433)	%	<input type="checkbox"/> New Option

<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. You can also use the Additional Contribution by Mail form to contribute by check at any time.

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>3</sup>
Dollars or ALL	Percentage			
	%	Active-Based Moderate Growth Portfolio (3434)	%	<input type="checkbox"/> New Option
	%	Active-Based Conservative Growth Portfolio (3435)	%	<input type="checkbox"/> New Option
	%	Active-Based Income Portfolio (3436)	%	<input type="checkbox"/> New Option
	%	Balanced Portfolio (3437)	%	<input type="checkbox"/> New Option
	%	Large-Cap Stock Index Portfolio (3438)	%	<input type="checkbox"/> New Option
	%	Small-Cap Index Portfolio (3439)	%	<input type="checkbox"/> New Option
	%	International Equity Index Portfolio (3440)	%	<input type="checkbox"/> New Option
	%	Bond Index Portfolio (3441)	%	<input type="checkbox"/> New Option
	%	U.S. Equity Active Portfolio (3442)	%	<input type="checkbox"/> New Option
	%	U.S. Equity Index Portfolio (3443)	%	<input type="checkbox"/> New Option
	%	Social Choice Portfolio (3444)	%	<input type="checkbox"/> New Option
	%	Bank CD Portfolio (3445)	%	<input type="checkbox"/> New Option
	%	Bank CD Portfolio (3445)	%	<input type="checkbox"/> New Option
	%	Principal Plus Interest Portfolio (3446)	%	<input type="checkbox"/> New Option
	%	Tuition Unit Plan <sup>4</sup>		
<b>TOTAL</b>			<b>100%</b>	

### 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 Plan 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>
Age-Based Option	%
Aggressive Age-Based Option	%
Index-Based Aggressive Portfolio (3427)	%
Index-Based Growth Portfolio (3428)	%

<sup>3</sup> 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.

<sup>4</sup> Contributions, transfers or rebalances may not be made into the Tuition Unit Plan.

Investment Option	Whole Percentage (per Investment Option)
Index-Based Moderate Growth Portfolio (3429)	%
Index-Based Conservative Growth Portfolio (3430)	%
Index-Based Income Portfolio (3431)	%
Active-Based Aggressive Portfolio (3432)	%
Active-Based Growth Portfolio (3433)	%
Active-Based Moderate Growth Portfolio (3434)	%
Active-Based Conservative Growth Portfolio (3435)	%
Active-Based Income Portfolio (3436)	%
Balanced Portfolio (3437)	%
Large-Cap Stock Index Portfolio (3438)	%
Small-Cap Index Portfolio (3439)	%
International Equity Index Portfolio (3440)	%
Bond Index Portfolio (3441)	%
U.S. Equity Active Portfolio (3442)	%
U.S. Equity Index Portfolio (3443)	%
Social Choice Portfolio (3444)	%
Bank CD Portfolio (3445)	%
Principal Plus Interest Portfolio (3446)	%
<b>TOTAL</b>	<b>100%</b>

#### 4 Systematic Exchange (optional)

You may automatically reallocate funds from one or more Edvest investment option(s) to one or more different investment option(s) on a monthly or quarterly basis on a date selected by you, by completing the section below. For more detailed information about this feature, please see the frequently asked questions located at [www.Edvest.com](http://www.Edvest.com). The systematic exchange will begin upon receipt and acceptance of this Form in good order, on the Exchange Day you select 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.

##### Exchange Frequency

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
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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

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.Edvest.com](http://www.Edvest.com) or by contacting Edvest at 1.888.338.3789.

## 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) to the new Investment Option(s).**

I certify that I have read the Plan Disclosure Booklet and the Participation Agreement and that I understand the terms, including the rules and regulations governing transfers of existing assets in my Account.

I understand that a transfer of funds among Investment Option(s) for my Account can only be requested twice each calendar year.

If I am participating in the Automatic Contribution Plan (ACP) my participation in ACP will be cancelled if I have requested a rebalance of the entire balance from the Investment Option receiving the ACP contributions, but it will continue as previously designated if I have only requested a partial rebalance from the Investment Option unless an *Automatic Investment/Electronic Bank Transfer 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 I notify my employer that I want to stop or change the amount of my payroll deduction or I advise the Plan that I wish to change the allocation of my payroll deduction contributions by completing a Direct Deposit Allocation Form.

I understand that this annual transfer of funds will become effective upon the Plan's receipt of this form in good order.

**I certify that I am the Account Owner or the Custodian, 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*

*Date (mm/dd/yyyy)*

### Medallion Signature Guarantee – if applicable

**Important Information – Medallion Signature Guarantee** 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 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:**

**Overnight Mail**

Edvest College Savings Plan  
430 W 7<sup>th</sup> Street, Suite 219437  
Kansas City, MO 64105-1407

**Regular Mail**

Edvest College Savings Plan  
P.O. Box 219437  
Kansas City, MO 64121-9437

