



### 3 Allocation Instructions for Future Contributions

Complete this section to establish or modify Allocation Instructions for future contributions as indicated below.

- Use a whole percentage next to each Investment Portfolio 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 deduction contributions, if any.
- You can change your Allocation Instructions online, by telephone or by form at any time.

<i><b>Investment Portfolio Name</b></i> (Investment Portfolio Code)	<i><b>Whole Percentage</b></i> (per Investment Portfolio)	<i><b>Is this a new Investment Portfolio?</b></i>
Moderate Managed Allocation Option (Age based)	%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Aggressive Managed Allocation Option (Age based)	%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Conservative Managed Allocation Option (Age based)	%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Active Equity Option (2282)	%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
High Equity Option (1955)	%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Equity Index Option (2251)	%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Social Choice Equity Option (2260)	%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Active Fixed Income Option (2253)	%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Index Fixed Income Option (2281)	%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Principal Plus Interest Option (1956)	%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Money Market Option (2261)	%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
<b>TOTAL</b>	<b>100%</b>	

**Note:** If you allocate your contributions to the Principal Plus Interest Portfolio, transfers made at a later date from the Principal Plus Interest Portfolio to the Money Market Portfolio will not be permitted.

### 4 Add, Change or Revoke Contingent Account Owner Information (if applicable, for Individual Accounts only)

The Contingent Account Owner (CAO) must be eligible to become an Account Owner in the event of death of the current Account Owner. The CAO must be a U.S. citizen or resident alien, including a Trust, and must have a Social Security or Taxpayer Identification Number. Any designation you make here may be changed at a future date.

Please check the appropriate box:

<input type="checkbox"/> <b>Add</b> a Contingent Account Owner for the first time	<input type="checkbox"/> <b>Change</b> an Existing Contingent Account Owner Designation	<input type="checkbox"/> <b>Revoke</b> a Contingent Account Owner Designation
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#### New Contingent Account Owner Information (Provide this information to add or change a Contingent Account Owner.)

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Name (First, MI, Last, Suffix), or Name of Trust (Foreign trusts are not eligible.)

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Trustee Name (First, MI, Last, Suffix), if a Trust named above

<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>
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Social Security Number or Taxpayer ID Number

Gender (M/F)

Date of Birth, or Date of Trust Agreement

Check this box if the Contingent Account Owner lives with the Account Owner. If so, do not provide an address in the boxes below.

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Residential Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

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City, State, Zip, Country (if foreign address)

(													)
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Day Telephone Number

(													)
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Evening Telephone Number

**5 Signature and Authorization** *(This section must be signed for these changes to take effect.)*

**By signing below, it is my intention to change the Account Owner, Beneficiary and/or Contingent Account Owner information as indicated on this Form.**

If I have designated a Contingent Account Owner, then I understand that this form, rather than a will or codicil, should be used to change or revoke my Contingent Account Owner designation. In addition, I understand that ownership of my *Connecticut Higher Education Trust* Account cannot be transferred to my designated Contingent Account Owner unless that individual is eligible to be an Account Owner as described in the *Disclosure Booklet*, and upon submission of an acceptable proof of death and a new *Account Application*. I will notify my Contingent Account Owner of his/her status.

**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 Current Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner* *Date*

\_\_\_\_\_  
*Signature of Joint Account Owner, if applicable* *Date*

**IMPORTANT INFORMATION**

A Signature Validation Program Stamp is required for all entity Accounts or 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 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**

Connecticut Higher Education Trust  
P.O. Box 150499  
Hartford, CT 06115-0499

Program Management by TIAA-CREF Tuition Financing, Inc.  
CT12/2014.ASF  
A12305 WEB