



**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 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

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

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

**2 Transfer Instructions** *(You must complete this section)*

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

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

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

Transfer FROM <i>(in Dollars OR percentage)</i>		Investment Option Name <i>(Investment Option Code)</i>	Transfer TO <i>(percentage only)</i>	Check if new Investment Option <sup>2</sup>
Dollars or ALL	Percentage			
	%	Moderate Managed Allocation Option (Age based)	%	<input type="checkbox"/> New Option
	%	Aggressive Managed Allocation Option (Age based)	%	<input type="checkbox"/> New Option
	%	Conservative Managed Allocation Option (Age based)	%	<input type="checkbox"/> New Option
	%	Active Global Equity Option (2282)	%	<input type="checkbox"/> New Option
	%	High Equity BalancedOption (1955)	%	<input type="checkbox"/> New Option
	%	Global Equity Index Option (2251)	%	<input type="checkbox"/> New Option
	%	Social Choice Equity Option (2260)	%	<input type="checkbox"/> New Option
	%	Active Fixed Income Option (2253)	%	<input type="checkbox"/> New Option
	%	Index Fixed Income Option (2281)	%	<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 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.

Transfer FROM <i>(in Dollars OR percentage)</i>		Investment Option Name <i>(Investment Option Code)</i>	Transfer TO <i>(percentage only)</i>	Check if new Investment Option <sup>3</sup>
Dollars or ALL	Percentage			
	%	Principal Plus Interest Option (1956)	%	<input type="checkbox"/> New Option
	%	U.S. Equity Index Option (2304)	%	<input type="checkbox"/> New Option
	%	International Equity Index Option (2305)	%	<input type="checkbox"/> New Option
	%	Global Tactical Asset Allocation Option (2306)	%	<input type="checkbox"/> New Option
	%	Money Market Option (2261)	%	<input type="checkbox"/> New Option
<b>TOTAL</b>			<b>100%</b>	

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

### 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 Options	Whole Percentage <i>(per Investment Option)</i>
Moderate Managed Allocation Option (Age based)	%
Aggressive Managed Allocation Option (Age based)	%
Conservative Managed Allocation Option (Age based)	%
Active Global Equity Option (2282)	%
High Equity Balanced Option (1955)	%
Global Equity Index Option (2251)	%
Social Choice Equity Option (2260)	%
Active Fixed Income Option (2253)	%
Index Fixed Income Option (2281)	%
Principal Plus Interest Option (1956)	%
U.S. Equity Index Option (2304)	%
International Equity Index Option (2305)	%
Global Tactical Asset Allocation Option (2306)	%
Money Market Option (2261)	%
<b>TOTAL</b>	<b>100%</b>

<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.

**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 to the Investment Option(s) as indicated. I certify and understand the following:**

- A transfer of funds among Investment Option for my Account can only be requested twice per calendar year.
- I authorize the transfer of assets in my account per my instructions in section 2. If applicable, any allocation instruction indicated in section 3 will be applied to all future contributions **excluding my payroll deduction contributions, if any.**
- If I am making contributions by 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 understand that I must notify my employer to stop or change the amount of my payroll deduction.
- I understand that this transfer of funds will become effective upon the Program's receipt of this form 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 an Individual or Entity*

\_\_\_\_\_  
*Date*

**IMPORTANT INFORMATION**

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

**Note:** A Signature Validation Program Stamp is not required if a *Program Power of Attorney Form* is on file for an Individual Account, or if a *Program Power of Attorney Form* accompanies this form.

**AFFIX STAMP HERE**

**Mail this form to:**

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

A12309:10/16

