



### 3 Rebalance amount TO each Investment Option

Indicate the incoming rebalance amount in either dollars **OR** as a percentage of the **TOTAL** amount being transferred.

- If you indicate the amount in dollars, then the total amount below must equal the total amount in Section 2.
- If you indicate the amount in percentages, then the total allocation must equal 100%.

**Complete only 1 column below – in either dollars or as a percentage.**

Investment Option Name (Fund Code)	Indicate the Amount (in dollars OR percentage)		Is this a new Investment Option?
	Dollars	Percentage	
Moderate Managed Allocation Option (Age based)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Aggressive Managed Allocation Option (Age based)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Conservative Managed Allocation Option (Age based)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Active Equity Option (2282)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
High Equity Option (1955)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Equity Index Option (2251) <sup>1</sup>	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Social Choice Equity Option (2260)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Active Fixed Income Option (2253) <sup>4</sup>	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Index Fixed Income Option (2281)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Principal Plus Interest Option (1956)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Money Market Option (2261)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
<b>Total INCOMING Amount</b>	<b>\$</b>	<b>100.00%</b>	

### 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) indicated in Section 3 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 in my original Investment Option(s), unless an updated *Payroll Deduction Form* (or *State of Connecticut Employee Payroll Deduction Form*) accompanies this form to reallocate payroll contributions among my Account(s). I also understand that I must notify my employer (or the Program Manager if I am a State of Connecticut employee) 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 Plan's receipt of all requirements 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 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:**

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

Program Management by TIAA-CREF Tuition Financing, Inc.

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