



### 3 Rebalance amount TO each Investment Option <sup>2</sup>

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	
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
High Equity Option (1955)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
100% Equity Index Option (2251)	\$	.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
Principal Plus Interest Option (1956)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
100% Fixed Income Option (2253)	\$	.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>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.

**For Entity Accounts, e.g. Trusts, Estates, Business Entities, IRC 501(c)(3) Organizations, or State/Local governments.**

I certify that I am authorized by the entity Account Owner identified in Section 2 to act on its behalf in making this withdrawal and I have attached the appropriate documentation to substantiate authorization for this transaction.

**I understand that this annual rebalance, or transfer, of funds will become effective upon the Program Manager's receipt of all required documentation in good order.**

*Signature of Account Owner, Custodian or Authorized Representative of Entity*

*Date*

#### Rebalance Tips

- If you request your rebalance by telephone, any questions can be immediately answered by a knowledgeable representative and your transaction can be processed on the same day, if received prior to 4:00 p.m. ET.
- Rebalance using ALL or a percentage of your Account unless you want very specific amounts to be rebalanced FROM or TO a particular Investment Option. Then you won't unintentionally leave a small balance in your original Investment Option(s).
- Consider the effect of this rebalance on your payroll deductions or automatic contribution plans (ACP), if any. You'll need to tell us if you want to change those options in any way; otherwise they will continue in your previously designated Investment Option(s).
- Read the *Disclosure Booklet* or visit the Program's web site for information about the Investment Options available in the Program.
- **Questions?** Visit [www.aboutCHET.com](http://www.aboutCHET.com) or call toll-free 1-888-799-CHET.

**Mail this form to:**

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

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CT0802.RBF



<sup>2</sup> Effective February 18, 2008, transfers (including transfers where there is a change of the Beneficiary) from the Principal Plus Interest Option to the Money Market Option will not be permitted. If this restriction changes, you will be notified prior to the effective date of any such change.



## List of Approved Documents for Substantiation by Entity Account Owners

Substantiation is required from an entity Account Owner when opening a Program Account or when conducting a transaction for that Account. Such documentation must include the following:

- the legal status of the entity;
- authorization by the entity to open the Account or conduct the transaction; and
- authorization by the entity for the signer of the form to open the Account or conduct the transaction.

The same document may provide substantiation of all of the three required elements.

The documents set forth below have been approved by the Board to meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Program.

1. A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
2. A certificate signed by the owner of a sole proprietorship;
3. A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
4. A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);
5. A certificate signed by the chief executive officer of a state or local government agency;
6. A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
7. A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
8. A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
9. An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following: (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency; or
10. If the entity Account Owner is unable to provide substantiation in any of the foregoing forms, the entity Account Owner may propose an alternate form of substantiation to the Program administrator's designee for consideration. The Program administrator's designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.
  - ***If judged authentic and complete***, the Program administrator's designee must act on the alternate form of substantiation within 30 business days of so determining.
  - ***If judged inauthentic or incomplete***, the Program administrator's designee must notify the Account Owner of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.

**Please retain a copy of this notice with your records.**