

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 percentage.

Please read the MACS *Disclosure Booklet* for information on the Investment Options.

Note: These transfer instructions apply only to assets currently in your Account. These instructions will not change the allocation(s) of future contributions.

Investment Option Name	Indicate the Amount (in dollars OR percentage)		Is this a new Option?
	Dollars	Percentage	
Managed Allocation Option (Age-based)	\$.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Diversified Equity Option (1968)	\$.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Fixed Income Option (2823)	\$.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Guaranteed Option (1967)	\$.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Total INCOMING Amount	\$	100.00%	

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 new Investment Option(s) indicated in Section 3. I certify that I have read the MACS *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 Options for my Account can only be requested once each calendar year. I have not requested a transfer 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 participation in ACP will continue into my previously designated Investment Option(s) unless an updated *Automatic Contribution and Banking Information 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 a *Direct Deposit Payroll Deduction Form* accompanies this form. I understand that I must notify my employer 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 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 individual 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 Account Owner *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.

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

AFFIX SVP STAMP HERE

Mail this form to:

Mississippi Affordable College Savings
P.O. Box 55037
Boston, MA 02205-5037