





| Investment Option Name (Fund Type)               | Indicate the Incoming Amount<br>(in dollars OR percentage) |  |  |  |   |  |  |            |
|--|--|--|--|--|---|--|--|------------|
|  | Dollars  |  |  |  |   |  |  | Percentage |
| Managed Allocation Option (Age based)            | \$   |  |  |  | , |  |  | .00%       |
| Aggressive Managed Allocation Option (Age based) | \$   |  |  |  | , |  |  | .00%       |
| 100% Equity Option (Equity)                      | \$   |  |  |  | , |  |  | .00%       |
| Balanced Fund Option (Blended)                   | \$   |  |  |  | , |  |  | .00%       |
| Fixed Income Option (Fixed Income)               | \$   |  |  |  | , |  |  | .00%       |
| Guaranteed Option (Guaranteed)                   | \$   |  |  |  | , |  |  | .00%       |
| Money Market Option (Capital Preservation)       | \$   |  |  |  | , |  |  | .00%       |
| <b>Total INCOMING Amount</b>                     | \$   |  |  |  | , |  |  |            |

**6 Signature and Authorization** (This section must be signed for this change to take effect.)

By signing this form, I authorize the transfer of my Account to another Account Owner and/or to change the Beneficiary as indicated on this form. I acknowledge the following:

- I certify that all of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct.
- If changing the Account Owner, the new Account Owner will submit an Account Application along with this form, unless he/she already maintains a Plan Account for the Beneficiary and I have provided the existing account number in Section 2. I understand that an Account Owner may establish only one Account for a Beneficiary in the Plan.
- If changing the Beneficiary, I agree to the same representations, warranties, and agreements for my new Beneficiary as were stated in the original Plan Account Application for my current Beneficiary and I certify that the new Beneficiary is a "member of the family" of the current Beneficiary, as defined in Section 529 of the Internal Revenue Code. I understand that my existing banking information and contingent account owner information, if any, will be copied to the new account.
- If I am participating in the Automatic Contribution Plan (ACP), I understand that my participation in ACP will be cancelled only if I transfer my entire Account balance to a new Account Owner and/or Beneficiary; otherwise my ACP contributions will continue in my original Account unless an Electronic Banking Information Form accompanies this form.
- If I am making contributions by payroll deduction, I understand that my payroll contributions will continue into this Account, regardless of the amount transferred, unless I notify my employer that I want to stop or change the amount of my payroll deduction, or unless an updated Payroll Deduction Form accompanies this form to reallocate payroll contributions among my Account(s) for different Beneficiaries, if any.
- If I am transferring my entire account balance, I request the cancellation of my Participation Agreement and the closure of my Account.

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, either a Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp appears on this form, as described below.<sup>1</sup>)

\_\_\_\_\_  
Signature of Current Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner Date

**Important Information**

If you are changing the Account Owner, a Medallion Signature Guarantee 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. Unless a Medallion Signature Guarantee appears below, any change of Account Owner or Beneficiary will result in a 30-day hold on withdrawals from the Account. If you are changing the Beneficiary, a Signature Validation Program (SVP) 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 Medallion Signature Guarantee or Signature Validation Program Stamp will be affixed to this form. **Note:** The 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 STAMP HERE**



**Mail this form to:**  
Path2College 529 Plan  
PO Box 55924  
Boston, MA 02205-5924

Program Administration by TIAA-CREF Tuition Financing, Inc.

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