





Investment Portfolio Name (Portfolio Number)	Indicate the Outgoing Amount (in dollars OR percentage)						
	Dollars						Percentage
Index U.S. Large Cap Equity Portfolio (2952)	\$			,			.00%
Index U.S. Equity Portfolio (2953)	\$			,			.00%
Principal Plus Interest Portfolio (2954)	\$			,			.00%
<b>Total OUTGOING Amount</b>	\$			,			

## 5 Transfer Amount TO each Investment Portfolio

Select your Investment Portfolio(s) by indicating the incoming transfer amount you would like credited to each portfolio in dollars or as a percentage of the **TOTAL** amount being transferred.

- > If you indicate the amount in dollars, the Total Incoming Amount must equal the Total Outgoing Amount in Section 4.
- > If you indicate the amount as a percentage, the total allocation must equal 100%.

Investment Portfolio Name (Portfolio Number)	Indicate the Incoming Amount (in dollars OR percentage)						
	Dollars						Percentage
Active Age-Based Portfolio	\$			,			.00%
Passive Age-Based Portfolio	\$			,			.00%
Active Diversified Equity Portfolio (2929)	\$			,			.00%
Active Growth Portfolio (2930)	\$			,			.00%
Active Moderate Growth Portfolio (2931)	\$			,			.00%
Active Conservative Portfolio (2932)	\$			,			.00%
Active International Equity Portfolio (2934)	\$			,			.00%
Active Diversified Fixed Income (2935)	\$			,			.00%
Passive Diversified Equity Portfolio (2945)	\$			,			.00%
Passive Growth Portfolio (2946)	\$			,			.00%
Passive Moderate Growth Portfolio (2947)	\$			,			.00%
Passive Conservative Portfolio (2948)	\$			,			.00%
Passive Diversified Fixed Income Portfolio (2949)	\$			,			.00%
Index International Equity Portfolio (2951)	\$			,			.00%
Social Choice Portfolio (2933)	\$			,			.00%
Index Bond Portfolio (2950)	\$			,			.00%
Index U.S. Large Cap Equity Portfolio (2952)	\$			,			.00%
Index U.S. Equity Portfolio (2953)	\$			,			.00%
Principal Plus Interest Portfolio (2954)	\$			,			.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 Participant 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 Participant, the new Participant 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 a Participant 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 Successor Participant 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 Participant 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. If I am a State of California employee, an updated *Payroll Deduction Form* to stop (or modify) my deductions accompanies this form.
- 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 Participant, or I have the authority to act as Participant.** (If I am an individual acting in a legal capacity as a representative of the Participant or an entity Participant, 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 Participant, Custodian or Authorized Representative of an Individual or Entity Participant*

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

**Important Information**

If you are *changing the Participant*, a Medallion Signature Guarantee is required for Accounts for which the individual completing this form is acting in a legal capacity as a representative of Participant. If you are *changing the Beneficiary*, a Signature Validation Program (SVP) Stamp is required for all Accounts for which the individual completing this form is acting in a legal capacity as a representative of the Participant. Unless a Medallion Signature Guarantee appears below, any change of the Participant will result in a 30-day hold on withdrawals from the Account.

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**



**Overnight Mail**  
ScholarShare College Savings Plan  
430 W 7<sup>th</sup> Street Suite 219185  
Kansas City, MO 64105-1407

**Mail this form to:**  
**Regular Mail**  
ScholarShare College Savings Plan  
P.O. Box 219185  
Kansas City, MO 64121-9185