



## Kentucky Education Savings Plan Trust Annual Rebalance Form

Use this form to rebalance, or transfer, funds  
among Investment Options within a Program Account  
**Questions?** Call toll-free 1-877-598-7878  
P.O. Box 8100, Boston, MA 02266-8100  
Visit [www.kysaves.com](http://www.kysaves.com)

**Instructions**

- You can rebalance funds among Investment Options within your Account twice per calendar year (or upon a change in Beneficiary to a Member of the Family).
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Program at the above address.
- A Signature Validation Program (SVP) Stamp<sup>1</sup> may be required as described in Section 4.

**1 Current Account Information** *(You must provide complete information.)*

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Program Account Number *(Complete one form for each Account you own and/or for each Beneficiary).*

Telephone Number

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Account Owner or Custodian Name *(First, MI, Last, Suffix), or Entity Name*

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Beneficiary Name *(First, MI, Last, Suffix)*

**2 Rebalance Instructions** *(You must complete this section)*

**This Rebalance instruction applies only to assets currently in your account; it will not change your allocation instructions for future contributions.**

- For a FULL rebalance, enter the dollars, write the word "ALL" or indicate the percentage in the "Rebalance From" column.
- For a PARTIAL rebalance, enter the dollars or percentages in the "Rebalance From" column.

Then, enter a percentage next to your selected Investment Option(s) in the "Rebalance To" column. The total amount in the "Rebalance From" column will be applied to your Investment Option(s) using the percentage(s) appearing in the "Rebalance To" column.

**Note: If you're closing an investment option and do not want future contributions made to that option, please establish or change your allocation instructions in Section 3.**

Rebalance FROM <i>(in Dollars OR percentage)</i>		Investment Option Name <i>(Investment Option Code)</i>	Rebalance TO <i>(percentage only)</i>	Check if new Investment Option <sup>2</sup>
Dollars or ALL	Percentage			
	%	Managed Allocation Option	%	<input type="checkbox"/> New Option
	%	Active Equity Option (1970)	%	<input type="checkbox"/> New Option
	%	Equity Index Option (1969)	%	<input type="checkbox"/> New Option
	%	Balanced Option (2006)	%	<input type="checkbox"/> New Option
	%	Fixed Income Option (1971)	%	<input type="checkbox"/> New Option
	%	Guaranteed Option (1819)	%	<input type="checkbox"/> New Option
<b>TOTAL</b>			<b>100%</b>	

<sup>1</sup> A Signature Validation Program (SVP) Stamp is available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

<sup>2</sup> If a new Investment Option is opened, a different option number will be assigned and new investment coupons will accompany your confirmation statement. You can also use the Additional Contribution by Mail form to contribute by check at any time.

### 3 Allocation Instructions for Future Contributions

**Note: If you're closing an investment option and do not want future contributions made to that option, please establish or change your allocation instructions below.**

- Use my current allocation instructions on file for future contributions.
- Establish or change my allocation instructions as indicated below for my future contributions.
  - Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
  - The Program will apply these allocation instructions to future Automatic Contribution Plan (ACP) contributions.
  - These allocation instructions will not apply to payroll contributions, if any.

You can change your Allocation Instructions online, by telephone, or by form at any time.

Investment Option	Whole Percentage <i>(per Investment Option)</i>
Managed Allocation Option	%
Active Equity Option (1970)	%
Equity Index Option (1969)	%
Balanced Option (2006)	%
Fixed Income Option (1971)	%
Guaranteed Option (1819)	%
<b>TOTAL</b>	<b>100%</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. I certify and understand the following:**

- A rebalance or transfer of funds among Investment Options for my Account can only be requested twice per 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 *Electronic 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 an updated *Payroll Deduction Form* accompanies this request. I understand that I must notify my employer to stop or change the amount of my payroll deduction.
- I understand that this rebalance or transfer of funds will become effective upon the Program's receipt of all required documentation 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 authorized representative of the Account Owner, including an Entity Account Owner, a Signature Validation Program (SVP) Stamp appears below).

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner	Date
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**IMPORTANT INFORMATION**

A Signature Validation Program (SVP) Stamp is required for all Entity Accounts and may be required if you are the Authorized Representative of an Individual 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 signature validation stamp will be provided.

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

**AFFIX SVP STAMP HERE**

**Mail this form to:**

Kentucky Education Savings Plan Trust  
 P.O. Box 8100  
 Boston, MA 02266-8100

