

5. Transfer to New Account Owner (As named by Beneficiary in **Section 4B**)

To be completed by new Account Owner.

A. Receiving Account Information

Please check one box:

The new Account Owner already has an Account for this Beneficiary. (Please provide Account number.)

Existing Account Number

A new Account will be established for this Beneficiary. (Please include an **Account Application** with this form.)

B. Investment Instructions

If an option is not selected below, the transfer amount will be allocated according to the new Account's Standing Allocations for future contributions.

Check one.

I want to transfer the assets in-kind. (An "in-kind" transfer will move the assets to the receiving Account without a change in the currently held investment(s) or the Standing Allocations for future contributions.)

I want to transfer and allocate the assets according to the new Account's Standing Allocations for future contributions. (By selecting this option, the current investments will be liquidated, and the funds will be deposited into the new Account according to the Standing Allocations for future contributions on the new Account.)

6. Signature — YOU MUST SIGN BELOW

The Successor Account Owner or the new Account Owner named by the parent/legal guardian of a minor Beneficiary must sign in part A.

As the Successor Account Owner, I certify that the information provided in this form is true and complete in all respects. I agree to accept the transfer of assets from the deceased Account Owner's Account to an Account registered in my name.

A. Successor Account Owner

SIGNATURE

Signature of Successor Account Owner

Date (mm-dd-yyyy)

Date (mm-dd-yyyy)

The Beneficiary (or the parent/legal guardian of a minor Beneficiary) must sign in part B, if applicable.

As the Beneficiary (or the parent/guardian of the Beneficiary if the Beneficiary is a minor), I certify that the information provided in this form is true and complete in all respects. If I am signing on behalf of a minor Beneficiary, I certify that I am authorized to act on behalf of the minor Beneficiary as the individual's parent or legal guardian.

B. Beneficiary or Parent/Legal Guardian

SIGNATURE

Signature of Beneficiary or Parent/Legal Guardian

Date (mm-dd-yyyy)

Date (mm-dd-yyyy)

Please only fill out below if you will need your original legal documents returned: (Optional)

Recipient First Name (M.I.)

Recipient Last Name

Mailing Address

City State Zip Code