Transfer Form

- Please read the Alaska 529 Plan Disclosure Document before changing the Account Owner and/or Beneficiary on an Account.
- If the receiving Account does not yet exist, a new Account may be established online, or by calling the Plan to obtain a paper version of the Account **Application** to submit along with this form.
- A new Account number will be assigned to the Account opened for the new Account Owner and/or Beneficiary, unless an Account already exists for that Account Owner/Beneficiary and the existing number is provided below.
- A notary is required for changes of Account Owner when the amount is less than \$100,000; however, if the amount is \$100,000 or more, a Medallion signature guarantee is required. If you are unable to obtain a signature verification service, please call us to discuss potential alternatives.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink.

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.





1-888-425-2752

Monday - Friday 7 a.m. to 6 p.m. Alaska Time



Alaska529plan.com

Regular mailing address:

Alaska 529 PO Box 219865 Kansas City, MO 64121

Overnight mailing address:

Alaska 529 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Important: For transfers involving a change of Beneficiary, the new Beneficiary must be a Member of the Family of the former Beneficiary, as defined in the Alaska 529 Plan Disclosure Document, and as described in Section 529 of the Internal Revenue Code. If the new Beneficiary is not a member of the family of the current Beneficiary, do not use this form; instead, you must submit a request for a Non-Qualified Withdrawal to complete this transfer. You may also wish to consult with a financial, legal and/or tax professional before completing this form. In addition, a change of Beneficiary is not permissible for custodial Accounts opened under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA).

Transfer Instructions				
Change of Account Owner (Same Beneficiary)	Change of Account Ow Change of Beneficiary Owner and Different Beneficiary	(Different Account	Change of Beneficiary (Same Account Owner)	
Current Account Information				
Account Number (Required)	-	Account Owner Social Secur	rity Number (Last four digits) (Required)	
Account Owner (First name) (Required)				(M.I.)
Account Owner (Last name) (Required)				
Beneficiary (First name) (Required)				(M.I.)
Beneficiary (Last name) (Required)				
Beneficiary Social Security Number (Last four digits	:) (Required)	Account Owner Telephone	Number	



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5. SIGNATURE AND AUTHORIZATION

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 accurate and complete.
- If changing the Account Owner, the new Account Owner will submit an **Account Application** along with this form, unless he/she already maintains an Account for the Beneficiary and I have provided the existing Account number in **Section 2**.
- If changing the Beneficiary, I agree to the same representations, warranties, and agreements for my new Beneficiary as were stated
 in the original 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 Account Owner information, if any, will be copied to the new Account.
- If I am participating in Recurring Contributions or automatic dollar-cost averaging, I understand that my participation in these
 programs will be cancelled only if I transfer my entire Account balance to a new Account Owner and/or Beneficiary; otherwise these
 programs will continue in my original Account unless an **Account Features Form** accompanies this form.
- If I am making contributions by payroll direct deposit, 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 direct deposit.
- I understand that, if I transfer out of the University of Alaska Portfolio, I will lose my UA Tuition-Value Guarantee.
- If I am transferring my entire Account balance to another Account Owner, I request the cancellation of my Participation Agreement and the closure of my Account.

If requesting a change of Account Owner, do not sign below until you are in the presence of the authorized notary or guarantor providing the notary or Medallion signature guarantee service.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner.

SIGNATURE		
Signature of Account Owner		Date (mm-dd-yyyy)
Notarization - REQUIRED FOR CHANGES O (Please note: notarization is not required if the Account C reached the age of majority).		
Your signature must be notarized. See below.		
Before me, a Notary in and for	1	this document was
County	State	
acknowledged before me on	by	who certifies the
Full Date	Current Account O	wner
correctness of the signature above.		
SIGNATURE		
Signature of Notary		Date (mm-dd-yyyy)
Name of Notary (first, middle initial, last)		
My commission expires:		
		Authorized Officer to place stamp here
Date (mm-dd-yyyy)		

6.

Medallion Signature Guarantee — REQUIRED FOR CHANGES OF ACCOUNT OWNER OF \$100,000 OR MORE

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion signature guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion signature guarantee, nor can you guarantee your own signature.
- Do not sign below until you are in the presence of the authorized officer providing the Medallion signature guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Alaska 529 Plan Disclosure Document.

SIGNATURE	Authorized Officer to place stamp here
Signature of Account Owner (In the presence of the authorized officer.)	— Authorized Officer to place stallip here
SIGNATURE	
Signature of Guarantor	
Title	
Name of Institution	
Date (mm-dd-yyyy)	
CONSENT OF PURCHASER AND ALTERNATE BENEFICIAR	IES
University of Alaska Portfolio Accounts with an Account number smaller than Beneficiary must have all parties consent by signing below.	n 6655 that have an identified Purchaser and/or alternate
Purchaser Consent	
By signing below, I hereby consent to and authorize this change. I understand the Account and that I will be removed from the Account registration. I certified did not and will not receive any compensation or other consideration in exchange.	y that this approval is given by my own free will and that I
SIGNATURE	
Signature of Purchaser	Date (mm-dd-yyyy)
Print Name	
Alternate Beneficiary Consent	
By signing below, I hereby consent to and authorize this change. I certify that and will not receive any compensation or other consideration in exchange for all rights I may have to the Account and that I will be removed from the Account and unemancipated minor, I further certify that I am legally authorized to act of	r this consent. I understand that my consent waives any and ount registration. If this consent is being given on behalf of
SIGNATURE	
Alternate Beneficiary or Legal Guardian	Date (mm-dd-yyyy)
Print Name of Alternate Beneficiary or Legal Guardian	
SIGNATURE	
Alternate Beneficiary or Legal Guardian	Date (mm-dd-yyyy)
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