



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 Owner and Change of Beneficiary**
(Different Account Owner and Different Beneficiary)
- Change of Beneficiary**
(Same Account Owner)

1. Current Account Information

Account Number **(Required)**

Account Owner Social Security 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



* T R P T R A N S F E R *

2. Receiving Account

Account Number **(Required)** *(If Account is already established)*

Account Owner Social Security 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)**

3. Transfer Amount *(Check one.)*

- A. **Entire balance.** Once the transfer is completed, the original Account will be closed.
- B. **Partial balance.** Once the transfer is completed, the original Account will remain open. The dollar amount you specify below will be transferred to the Account for the receiving Beneficiary identified in **Section 2**.

Name of Investment Option	Dollar amount <i>(For partial amounts.)</i>	OR	Total balance <i>(Check if applicable.)</i>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Transfer type

If the Account Owner is changing, you do not need to complete this section. The transfer amount will be allocated according to the receiving Account's Standing Allocations for future contributions.

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

Check one.

- A. I want to transfer the assets in-kind. *(An "in-kind" transfer will move the selected assets over to the receiving Account without a change in the currently held investment(s) or Standing Allocations.)*
- B. I want to transfer and allocate the assets according to the receiving Beneficiary's Standing Allocations for future contributions. *(By selecting this option, the current investments will be liquidated, and the funds will be deposited into the Receiving Beneficiary's Account according to the Standing Allocations for future contributions on the new Beneficiary's Account.)*

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.
• 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

Signature of Account Owner (In the presence of the authorized officer.)

SIGNATURE

Signature of Guarantor

Empty text box for Guarantor information

Title

Empty text box for Title

Name of Institution

Empty date box (mm-dd-yyyy)

Date (mm-dd-yyyy)

Authorized Officer to place stamp here

6. CONSENT OF PURCHASER AND ALTERNATE BENEFICIARIES

University of Alaska Portfolio Accounts with an Account number smaller than 6655 that have an identified Purchaser and/or alternate Beneficiary must have all parties consent by signing below.

Purchaser Consent

By signing below, I hereby consent to and authorize this change. I understand that my consent waives any and all rights I may have to the Account and that I will be removed from the Account registration. I certify that this approval is given by my own free will and that I did not and will not receive any compensation or other consideration in exchange for this consent.

SIGNATURE

Signature of Purchaser

Empty date box (mm-dd-yyyy)

Date (mm-dd-yyyy)

Empty text box for Print Name

Print Name

Alternate Beneficiary Consent

By signing below, I hereby consent to and authorize this change. I certify that this approval is given of my own free will and that I did not and will not receive any compensation or other consideration in exchange for this consent. I understand that my consent waives any and all rights I may have to the Account and that I will be removed from the Account registration. If this consent is being given on behalf of an unemancipated minor, I further certify that I am legally authorized to act on behalf of said minor.

SIGNATURE

Alternate Beneficiary or Legal Guardian

Empty date box (mm-dd-yyyy)

Date (mm-dd-yyyy)

Empty text box for Print Name of Alternate Beneficiary or Legal Guardian

Print Name of Alternate Beneficiary or Legal Guardian

SIGNATURE

Alternate Beneficiary or Legal Guardian

Empty date box (mm-dd-yyyy)

Date (mm-dd-yyyy)

Empty text box for Print Name of Alternate Beneficiary or Legal Guardian

Print Name of Alternate Beneficiary or Legal Guardian

SIGNATURE

Alternate Beneficiary or Legal Guardian

Empty date box (mm-dd-yyyy)

Date (mm-dd-yyyy)

Empty text box for Print Name of Alternate Beneficiary or Legal Guardian

Print Name of Alternate Beneficiary or Legal Guardian