# Transfer Due to Death of Account Owner Form



Monday - Friday 8:00 a.m. to 8:00 p.m. ET

1-866-521-1894

Regular mailing address:

Kansas City, MO 64121

Overnight mailing address:

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T. Rowe Price College Savings Plan

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**1001 E 101st Terrace, Suite 200** 

- Use this form to change the ownership of an Account due to the death of the original Account Owner.
- · Complete this form for each new Account Owner.

### • Successor Account Owner On File:

If the Account Owner of an Account is deceased, and there is a Successor Account Owner on file, the Successor requests the transfer of ownership. Please include a death certificate for the deceased Account Owner if one is not already on file.

#### No Successor Account Owner On File:

If the Account Owner of an Account is deceased, and a Successor Account Owner was not designated, the Beneficiary is responsible for naming a new Account Owner. If the Beneficiary is a minor, the parent or legal guardian of the Beneficiary is responsible for naming a new Account Owner. Please include a death certificate for the deceased Account Owner as well as documentation of the relationship of the parent/legal guardian to the Beneficiary (e.g., birth certificate, guardianship appointment, etc.).

 If the new Account Owner does not already have an Account for the Beneficiary, the new Account Owner must establish an Account

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<ul> <li>Typ</li> </ul>	pe in your information and print out the o	completed form, or print cle	arly, preferably in capital	letters and black ink.	
Capita	alized terms not otherwise defined on th	is form have the meanings	set forth in the Plan Disc	closure Document.	
1.	Current Account Information				
	Deceased Account Owner (First name)				(M.I.)
	Deceased Account Owner (Last name)				
	OR Last 4 Digits of Social Security Number	Account Number			
	Beneficiary (First name)				(M.I.)

## 2. Transfer Instructions

Beneficiary (Last name)

Transfer to Successor Account Owner — Section 3

Transfer to Account Owner Named by Beneficiary — Sections 4 & 5

(This is only required if there is no Successor on file and, therefore, the Beneficiary (or the parent/legal guardian of the Beneficiary) will be naming a new Account Owner)



# 3. Transfer to Successor Account Owner

Α.	Successor Information		
	Successor Account Owner (First name)  (M.I.)		
	Successor Account Owner (Last name)		
	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.)		
В.	Investment Instructions		
	If an option is not selected below, the transfer amount will be allocated according to the new Account's allocation 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 allocation for future contributions.)		
	I want to transfer and allocate the assets according to the new Account's allocation 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 allocation for future contributions on the new Account.)		
Na	aming of New Account Owner by Beneficiary (Only required if no Successor on file)		
	Beneficiary or Parent/Legal Guardian Information		
Please remember to include the documentation showing the parent or legal guardian of the Beneficiary, if applicable.			
	Beneficiary or Parent/Legal Guardian First Name (M.1.)		
	Beneficiary or Parent/Legal Guardian Last Name		
В.	New Account Owner Information		
	New Account Owner's First Name (M.I.)		
	New Account Owner's Last Name		

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

To be completed by new Account Owner.

Α.	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.)
В.	Investment Instructions
	If an option is not selected below, the transfer amount will be allocated according to the new Account's allocation 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 allocation for future contributions.)
	I want to transfer and allocate the assets according to the new Account's allocation 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 allocation for future contributions on the new Account.)
Si	gnature — YOU MUST SIGN BELOW
The	e Successor Account Owner or the new Account Owner named by the Executor must sign in part A.
	the Successor Account Owner, I certify that the information provided in this form is true and complete in all respects. I agree to cept the transfer of assets from the deceased Account Owner's Account to an Account registered in my name.
Α.	Successor Account Owner
	SIGNATURE
	Signature of Successor Account Owner  Date (mm-dd-yyyy)
The	e executor of the deceased Account Owner's estate must sign in part B, if applicable.
	the executor of the deceased Account Owner's estate, I certify that the information provided in this form is true and complete in all spects. I certify that I am authorized to act on behalf of the deceased Account Owner's estate.
В.	Beneficiary or Parent/Legal Guardian
	Signature of executor of the decedent's estate  Date (mm-dd-yyyy)
Ple	ease only fill out below if you will need your original legal documents returned: (Optional)
	cipient First Name (M.I.)
Rec	cipient Last Name
Ma	illing Address
City	y State Zip Code