### GIFT College Investing Plan

# **Designated Beneficiary Change Form**



- Complete this form if you are transferring to a new Designated Beneficiary all or part of the balance in the account of your current Designated Beneficiary.
- Print clearly, preferably in capital letters and black ink.

**Important:** To avoid adverse tax consequences on the account transfer, the new Designated Beneficiary must be a "member of the family" of the former Designated Beneficiary, as defined in the GIFT Plan Program Description. If the new Designated Beneficiary is not an eligible family member, the change will be considered a non-qualified withdrawal, which means that it may be subject to both Arkansas state and federal income tax and a 10% federal penalty tax on any earnings.

Forms can be downloaded from our website at **www.thegiftplan.com**, or you can call us to order any form — or request assistance in completing this form at **1.800.587.7301** any business day from 9 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents in the enclosed postage-paid envelope, or mail to:

Designated Beneficiary Social Security Number or Taxpayer Identification Number (Required)

GIFT College Investing Plan P.O. Box 219376 Kansas City, MO 64121-9376 For overnight delivery or registered mail, send to:

GIFT College Investing Plan 920 Main Street, Suite 900 Kansas City, MO 64105

1.	Current account information	
	Account Number	
	Name of Account Owner (first, middle initial, last)	
	Daytime Telephone Number	Evening Telephone Number
	Name of existing Designated Beneficiary (first, middle initial, last)	

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**Important:** If you have already established an account for the new Designated Beneficiary and provided the account number above, proceed directly to **Section 8**.

## 4. Investment selection

- Before choosing your investment option, see the GIFT Plan Program Description (available at www.thegiftplan.com) for complete information about the investment options offered.
- You must allocate at least **5%** of your contributions to each investment option that you choose. Use whole percentages only. Choose up to **5** of the **9** investment options.

<ul> <li>Your percentages must total 100%.</li> </ul>		
I want to keep the same investment al	<b>llocation</b> f	or my new Designated Beneficiary.
		as listed below. <b>Note:</b> See the GIFT Plan Program Description, which is nformation on the investment options you are considering.
Age-Based Options:		
Aggressive Age-Based Option		
Moderate Age-Based Option		o%
Conservative Age-Based Option		
Custom Portfolio Options:		
Aggressive Growth Portfolio		<u> </u>
Growth Portfolio		
Moderate Growth Portfolio		o%
Conservative Growth Portfolio		<u> </u>
Income Portfolio		
Interest Accumulation Portfolio		
GIFT Plan Savings Portfolio Option:		
GIFT Plan Savings Portfolio (FDIC-Insured)		
	TOTAL	1 0 0 %

#### 5. Successor Account Owner information (Optional)

- The Successor Account Owner will take over control of the account in the event of your death or inability to continue as the Account Owner.
- The person you designate as Successor Account Owner must be at least 18 years old and must be a U.S. citizen or resident alien.
- To add, change or delete Successor Account Owner information, go online at www.thegiftplan.com, or call 1.800.587.7301.

	I want to have the same	Successor A	ccount Owr	ner for the ne	w Designated	Beneficiary

## 6. Automatic Investment Plan (AIP) (Optional)

Through AIP, you can have funds transferred electronically—on a regular basis—from your bank, savings and loan, or credit union account to your GIFT Plan account. Your contribution will be credited to your GIFT Plan account on the business day before it is debited from your bank account. You may change the investment amount and frequency at any time by logging on to your account at **www.thegiftplan.com** or by calling **1.800.587.7301**.

•	To add, change or delete AIP information, go online at <b>www.thegiftplan.com.</b>
	I would like to continue my existing AIP for the new Designated Beneficiary.

## 7. Signature — YOU MUST SIGN BELOW

By signing below, I hereby apply for an account in the GIFT Plan. I certify that:

- I have received, read, and understand the terms and conditions of the GIFT Plan Program Description and Participation Agreement. I
  understand that by signing this **Designated Beneficary Change Form**, I am agreeing to be bound by the terms and conditions of
  the GIFT Plan Program Description and Participation Agreement. I understand that the **Designated Beneficary Change Form** shall
  be construed, governed by, and interpreted in accordance with the laws of the State of Arkansas.
- Except as set forth below, I understand that the GIFT Plan Program Description, Participation Agreement and **Designated Beneficary Change Form** constitute the entire agreement between the Account Owner and the GIFT Plan. No person is authorized to make an oral modification to this agreement.
- I understand that my Account in the GIFT Plan is not insured by the State of Arkansas or any other governmental entity and neither the principal I contribute nor the investment return is guaranteed by the State of Arkansas, the Arkansas Section 529 Plan Review Committee or any other governmental entity, Ascensus Broker Dealer Services, Inc., The Vanguard Group, Inc. and Sallie Mae Bank, or any of their affiliates (each, as defined in the GIFT Plan Program Description and Participant Agreement). Notwithstanding the foregoing, the GIFT Plan Savings Portfolio is the only investments option in the GIFT Plan that is insured by the Federal Deposit Insurance Corporation (FDIC), up to limits set by the FDIC. I understand that there is no assurance that my Account under the GIFT Plan will generate any specific rate of return; in fact, there is no assurance that the Account will not decrease in value (except for the GIFT Plan Savings Portfolio as described in the GIFT Plan Program Description and Participant Agreement).
- I understand that contributions that cause the total balance of this account and any other accounts established in the GIFT Plan and in any other Qualified Tuition Program offered by the State of Arkansas on behalf of the Designated Beneficiary in **Section 2** of this **Designated Beneficiary Change Form** to exceed the maximum account balance established by the Committee are not permitted. I understand that if a transfer is made to the account that causes the aggregate balance of all existing plan accounts for the new Designated Beneficiary to exceed the maximum contribution allowance, the excess will remain in the account designated for your original Designated Beneficiary under your current account number.
- I agree to the terms of the predispute arbitration clause as described under the heading "Arbitration" in the Other Information section of the GIFT Plan Program Description and Participation Agreement.
- I certify that all of the information that I provided on this **Designated Beneficary Change Form**, is accurate and complete and that I am bound by the terms, rights, and responsibilities stated in this agreement and by any and all statutory, administrative, and operating procedures that govern the GIFT Plan.

SIGNATURE		
Signature of Account Owner	Date (mm/dd/yyyy)	





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