

ScholarShare College Savings Plan Transfer Form



Instructions

- Please read the ScholarShare College Savings Plan Description before changing the Account Participant and/or Beneficiary on a Plan Account. You may also wish to consult with your financial, legal and/or tax advisor before completing this form.
- *If a change of Account Participant is requested*, and you are the new Account Participant and you do not already have an account opened, the new Account Participant must submit an **Account Application**, along with this form (*unless the new Account Participant already maintains a Plan Account for the Beneficiary*).
- *If a change of Beneficiary is requested*, the new Beneficiary must be a "member of the family" of the previous Beneficiary, as described in Section 529 of the Internal Revenue Code. 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).
- A new account number will be assigned to the Account opened for the new Account Participant and/or Beneficiary, unless an Account already exists for that Account Participant/Beneficiary and the existing number is provided below.
- A Medallion Signature Guarantee may be required in **Section 4** for Accounts in which the individual completing this form is acting in a legal capacity as a representative of the Account Participant.
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Plan at the above address.

1.800.544.5248
Monday to Friday 8 a.m. – 7 p.m. PT

www.ScholarShare529.com

Regular mailing address:
**ScholarShare College Savings Plan
P.O. Box 219185
Kansas City, MO 64121-9185**

Overnight mailing address:
**ScholarShare College Savings Plan
920 Main Street, Suite 900
Kansas City, MO 64105-2017**

Important: To avoid adverse tax consequences on the Account transfer, the new Beneficiary must be a Member of the Family of the former Beneficiary, as defined in the ScholarShare College Savings Plan Description. If the new 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 state and federal income tax, an additional 10% federal penalty tax and an additional 2.5% California tax on any earnings.

To request assistance in completing this form call us at **1.800.544.5248**, Monday through Friday from 8 a.m. – 7 p.m. PT.

Transfer Instructions

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

1 Current Account Information

Account Number (Required)

Account Participant Social Security or Taxpayer Identification Number (Required)

Account Participant (First name) (Required) (M.I.)

Account Participant (Last name) (Required)

Beneficiary (First name) (Required) (M.I.)

Beneficiary (Last name) (Required)

Beneficiary Social Security or Taxpayer Identification Number (Required)

Telephone Number



4 SIGNATURE AND AUTHORIZATION (THIS SECTION MUST BE SIGNED FOR THIS CHANGE TO TAKE EFFECT.)

By signing this form, I authorize the transfer of my Account to another Account Participant 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 true, complete and correct.
- If changing the Account Participant, the new Account Participant will submit an **Account Application** along with this form, unless he/she already maintains a Plan 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 Plan 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 Participant information, if any, will be copied to the new account.
- If I am participating in Recurring Contributions, I understand that my participation in Recurring Contributions will be cancelled only if I transfer my entire Account balance to a new Account Participant and/or Beneficiary; otherwise my Recurring Contributions will continue in my original Account unless an **Account Features Form** accompanies this form.
- If I am making contributions by payroll deduction, 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 deduction.
- If I am transferring my entire account balance, I request the cancellation of my Participation Agreement and the closure of my Account.

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

SIGNATURE

Signature of Account Participant

- -

Date (mm-dd-yyyy)

Medallion Signature Guarantee — REQUIRED FOR CHANGES TO THE ACCOUNT PARTICIPANT OF AN EXISTING ACCOUNT

- A Medallion Signature Guarantee may be required for Accounts in which the individual completing this form is acting in a legal capacity as a representative of the Account Participant.
- 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 ScholarShare College Savings Plan Description.

SIGNATURE

Signature of Current Account Participant (In the presence of the authorized officer.)

Signature Guarantor

Title

Name of Institution

- -

Date (mm-dd-yyyy)

Authorized Officer to place stamp here

