ScholarShare College Savings Plan

Transfer Form

ScholarShare52

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 or Beneficiary is requested, and the new account does not yet exist, the 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 **Transfer Form**.
- 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 Notary is required in **Section 4** for changes of Account Participant for existing accounts. (If using this form to transfer a UTMA/UGMA to a former Minor, a Notary is not required).
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Plan at the above address.

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

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** 1001 E 101st Terrace, Suite 200

College Savings Plan Description, and as described in Section 529 of the Internal Revenue Code. 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. A change of Beneficiary is not

Kansas City, MO 64131

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.

permissible for custodial accounts opened under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA).

Trai	ransfer Instructions													
	Change of Account Participant (Same Beneficiary) Change of Account Participant and Change of Beneficiary (Different Account Change of Beneficiary (Same Account Participant) Participant and Different Beneficiary)													
1.	Current Account Information													
	Account Number (Required) Account Owner Social Security Number (Last four digits 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 Number (Last four digits Required) Telephone Number													



	Participant (I	First name				hed)						Accou	nt Ow	ner S	ocial	Sec	urity	Nur Nur	nber	(Last f	our dig	its Re	quire	d)		
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Account P	articipant (I																									
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	Partial band										for [·]		ceiv	ing									2.		olla:	
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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.

If requesting a change of ownership, do not sign below until you are in the presence of the authorized notary providing the notary service.

e authority to a	ct as the Account Participant.								
Signature of Account Participant									
	PARTICIPANT OF AN EXISTING ACCOUNT and to an UTMA/UGMA account where the Beneficiary has								
Before me, a Notary in and for,,,									
· / ————	who certifies the								
Current Accou	unt Participant								
	Date (mm-dd-yyyy)								
	Authorized Officer to place stamp here								
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	HE ACCOUNT r change is relate								

