



2. Receiving Account

[illegible]

3. Transfer Amount *(Check and complete Section 3A or 3B.)*

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

Name of Investment Portfolio	Dollar amount (For partial amounts.)	OR	Total balance (Check if applicable.)
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>

- C. ☐ **Transfer type.** If an option is not selected below, the transfer amount will be allocated according to the receiving Account's existing allocation for future contributions.

Check one.

- ☐ 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 allocation(s).)
- ☐ I want to transfer and allocate the assets according to the receiving Beneficiary's current 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 allocation for future contributions on the new Beneficiary's Account.)* This is where the transfer is going to different funds.

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.

Date (mm-dd-yyyy)

(Please note: notarization is not required if the Account Owner change is related to an UTMA/UGMA account where the Beneficiary has reached the age of majority).

correctness of the signature above.

Date (mm-dd-yyyy)

Name of Notary (first, middle initial, last)

Date (mm-dd-yyyy)

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