

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

- A. **Entire balance.** The DC College Savings Plan will change the Beneficiary on your Account and will assign you a new Account number if you do not already have an Account for the new Beneficiary. Once the transfer is completed, the original Account will be closed.

Do you already have an Account for the new Beneficiary? *(Check one.)*

Yes. — **If yes, go directly to Section 3C.**

Account Number

No. Complete all remaining sections.

- B. **Partial balance.** The DC College Savings Plan will keep the Account for the current Beneficiary's Account open. The dollar amount you specify below will be transferred to the new Beneficiary's Account.

Name of Portfolio	Dollar amount <i>(For partial amounts.)</i>	OR	Total balance <i>(Check if applicable.)</i>
<input style="width: 100%;" 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="checkbox"/>
<input style="width: 100%;" 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="checkbox"/>
<input style="width: 100%;" 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="checkbox"/>

Do you already have an Account for the new Beneficiary? *(Check one.)*

Yes. — **If yes, go directly to Section 3C.**

Account Number

No. Complete all remaining sections.

Note: If the amount to be transferred exceeds the maximum contribution limit, the excess will remain in the existing Account for your current Beneficiary.

- C. **Existing Account transfers.** Complete this section if you have selected "Yes" in **Section 3A or 3B**. If an option is not selected below, the transfer amount will be allocated according to the new Beneficiary's existing Portfolio allocation election. *(Check one.)*

I want to transfer the assets in-kind. *(An "in-kind" transfer is moving the Units from the current Beneficiary's Account to the new Beneficiary's Account without selling or buying Portfolios.)* Go to **Section 5**.

I want to transfer and allocate the assets according to the new Beneficiary's current Portfolios. *(By selecting this option, the current investments will be liquidated, and the funds will be deposited into the new Beneficiary's Account according to the future allocation instructions on the new Beneficiary's Account.)* Go to **Section 5**.

I want to transfer the assets into the new Portfolio(s) selected in Section 4. *(This will not change the future contribution allocation of the new Beneficiary's Account.)* Go to **Section 4**.

4. Portfolio selection *(Check only one.)*

- Before choosing your Portfolios, see the Program Disclosure Booklet *(available at www.dccollegesavings.com)* for complete information about the Portfolios offered.
- Please select one or more Portfolios from the choices below. If you choose one Portfolio, please indicate 100% next to that option. If you choose more than one Portfolio, please indicate the percentage amount of the contribution you would like invested into each of the selected Portfolios.
- Use whole percentages only.
- Your investment percentages must total **100%**.

A. I want to **keep the same investment allocation** for my new Beneficiary.

B. I want to **establish a new investment allocation** as listed below.

Year of Enrollment Portfolios:

DC College Savings 2043 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
DC College Savings 2040 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
DC College Savings 2037 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
DC College Savings 2034 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
DC College Savings 2031 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
DC College Savings 2028 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
DC College Savings 2025 Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
DC College Savings In College Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%

Individual Portfolios:

U.S. Intermediate-Term Bond Index Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Intermediate-Term Bond Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
U.S. Total Stock Market Index Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
U.S. Socially Responsible Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
U.S. Large Cap Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Non-U.S. Socially Responsible Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Non-U.S. Total Stock Market Index Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
U.S. Small Cap Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%

Principal Protected Portfolio:

Principal Protected Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
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TOTAL

<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	%
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5. Successor Account Owner information *(Optional)*

- The Successor Account Owner will take over control of the Account in the event of your death.
- The person you designate as Successor Account Owner **must be at least 18 years old.**
- To change an existing Successor Account Owner, please go online at **www.dccollegesavings.com** or call **1.800.987.4859.**
- You may revoke or change the Successor Account Owner at anytime. See the DC College Savings Plan Program Disclosure Booklet for more information.

I want to have the same Successor Account Owner for the new Beneficiary.

6. Recurring Contributions *(Optional)*

Through Recurring Contribution, you can have funds transferred electronically—on a regular basis—from your bank, savings and loan, or credit union account to your DC College Savings Plan Account. Your contribution will be credited to your DC College Savings Plan Account on the business day before it is debited from your bank account. You may add, change, or delete bank information, or change the investment amount and frequency at any time by logging on to your Account at **www.dccollegesavings.com**.

I would like to continue my existing Recurring Contribution for the new Beneficiary.

7. SIGNATURE—YOU MUST SIGN BELOW

By signing below, I hereby acknowledge that:

- I have received and read this form and agree to the terms and conditions of the DC College Savings Plan Program Disclosure Booklet, which governs all aspects of this Account and is incorporated herein by reference. I will retain a copy of it for my records.
- I certify that all of the information I have provided on this form is accurate and complete and that I am bound by the terms, rights and responsibilities stated in the DC College Savings Plan Program Disclosure Booklet and by any and all statutory, administrative and operating procedures that govern the DC College Savings Plan. Except as set forth below, I understand that the DC College Savings Plan Program Disclosure Booklet and Enrollment Form constitute the entire agreement between me and the DC College Savings Plan. No person is authorized to make an oral modification to this agreement.
- I understand investments are not guaranteed or insured by the FDIC or any other government agency, and are not deposits or other obligations of any depository institution. Investments are not guaranteed or insured by DC College Savings Plan, the District of Columbia, the Office of the Chief Financial Officer, Office of Finance and Treasury, Ascensus College Savings Recordkeeping Services, LLC (the Program Manager) and its affiliates, and their respective agents, employees and affiliates (collectively, “the DC College Savings Plan Associated Persons”), and are subject to investment risks including the loss of the principal amount invested.
- I understand that participation in the DC College Savings Plan does not guarantee that contributions and the investment return on contributions, if any, will be adequate to cover tuition and other higher education expenses or that a Beneficiary will be admitted to or permitted to continue to attend an Eligible Educational Institution.
- I intend to use my Account solely to pay the qualified higher education expenses of the Beneficiary.
- I understand that by signing this Beneficiary Change form, I am authorizing the DC College Savings Plan and its service providers, including the Program Manager, to provide my Financial Advisor with access to my Account and perform transactions on my behalf. I agree to hold harmless DC College Savings Plan Associated Persons from any claims I make and/or losses I incur as a result of the acts or omissions of my Financial Advisor.
- If I have chosen the Recurring Contributions option, I authorize the DC College Savings Plan and its designees, upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, and to accept any such credits or debits to my Account without responsibility as to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that the DC College Savings Plan Associated Persons not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the DC College Savings Plan and the bank by telephone or in writing, and that the termination request will be effective as soon as the DC College Savings Plan and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 6F** of my original **Enrollment Form**.
- To the best of my knowledge, each contribution to my Account, when added to the value of all other Accounts established for the same Beneficiary in 529 plans issued by the District of Columbia will not cause the aggregate balances in such Accounts to exceed the Maximum Contribution Limit then in effect or the cost in current dollars of qualified higher education expenses that I reasonably anticipate the Beneficiary will incur.
- If the Account is funded with UGMA/UTMA assets, I certify that I am of legal age in my district of residence, I am the Parent/Guardian/Custodian of the Account, and that I am authorized to open the Account.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request and that I am authorized to open an Account for the Beneficiary named in **Section 2**. I agree to promptly inform the DC College Savings Plan in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that the DC College Savings Plan has the right to terminate the entity’s participation in the Program if it has reasonable grounds to believe that any of the foregoing certifications is untrue.
- I certify that the new Beneficiary is a “Member of the Family” of the current Beneficiary listed in **Section 1**. I understand that transfers not meeting this condition may result in the earnings portion of the transfer being considered a Non-Qualified Withdrawal subject to both state and federal income tax as well as an additional 10% federal penalty tax.

SIGNATURE

Signature of Account Owner

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Date (mm/dd/yyyy)

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