



# DC College Savings Plan Transfer Due to Death of Account Participant Form

- Use this form to transfer the Account Ownership (or custodianship on an UGMA/UTMA account) due to death.
- Complete this form for each new account participant.
- **Successor Participant/Custodian On File:**  
The owner of an individual 529 account is deceased, a Successor Participant/Custodian is designated for the account specified, and transfer of ownership is requested by Successor Participant/Custodian. Please include death certificate for the deceased Account Participant/Custodian if one is not already on file. **Note:** If your Account is an UTMA/UGMA Account, the Successor Custodian is only acting in this capacity until the Beneficiary has reached the age of termination.
- **No Successor Participant/Custodian On File:**  
The owner of an individual 529 account is deceased, no Successor Participant/Custodian is designated, and transfer of ownership is being requested by the executor of the decedent's estate. Please include death certificate for the deceased Account Participant/Custodian as well as executor of estate documentation.
- If the new Account Participant/Custodian does not already have an account for the Beneficiary, the new Account Participant/Custodian must establish an account.
  - New accounts can be established online at [www.dccollegesavings.com](http://www.dccollegesavings.com) or with a mailed **Account Application**, or if opening an Entity or Trust Account by completing the **Account Application for an Entity Account**, *however* trust accounts must be opened via a mailed **Account Application For an Entity Account**. Print clearly, preferably in capital letters and black ink.

**1.800.987.4859**  
8 a.m. to 8 p.m. Eastern Time M-F

**www.dccollegesavings.com**

**clientservice@dccollegesavings.com**

Regular mailing address:  
**DC College Savings Plan**  
**P.O. Box 55012**  
**Boston, MA 02205-5012**

Overnight mailing address:  
**DC College Savings Plan**  
**95 Wells Ave, Suite 155**  
**Newton, MA 02459-3204**

To request assistance in completing this form call us at **1.800.987.4859**, Monday through Friday from 8 a.m. to 8 p.m. Eastern Time.

## 1. Current Account Information

Deceased Participant/Custodian (First name) (M.I.)

Deceased Participant/Custodian (Last name)

Last 4 Digits of Social Security Number or Account Number

Please list Beneficiary name and corresponding account number below.

Beneficiary Name Account Number

## 2. New Account Information

Account Participant/Custodian (First name) (M.I.)

Account Participant/Custodian (Last name)



