



DC College Savings Plan

Transfer Due to Death of Account Participant Form

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

www.dccollegesavings.com

clientservice@dccollegesavings.com

1.800.987.4859

Regular mailing address:

P.O. Box 55012

DC College Savings Plan

Boston, MA 02205-5012

Overnight mailing address:

DC College Savings Plan

Newton, MA 02459-3204

95 Wells Ave, Suite 155

- 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
 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.

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.

Current A	Acco	unt Ir	ıforr	natio	on																		
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Deceased Part	ticipant/	'Custodi	an <i>(La</i>	st nam																	 		
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New Acc			rmat	tion												cco	unt l	Num	ber				
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	Please check one dox:
	An Account for this Beneficiary exists for this new Account Participant/Custodian. (Please provide account number.)
	Existing Account Number
	A new Account will be established for this Beneficiary. (Please include a new Account Application with this form.)
	Capacity of Requestor (Please choose one):
	Successor Participant/Custodian
	Executor of the Decedent's Estate
	Other (Please specify)
3.	Transfer Type
	If an option is not selected below, the transfer amount will be allocated accordingly to the new 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 currently held investment allocations(s).)
	I want to transfer and allocate the assets according to the new Account's current allocations for future contributions. (By selecting this option, the current investments will be liquidated, and the funds will be deposited into the new Account according to the allocation for future contributions on the new Account.)
4.	Signature — YOU MUST SIGN BELOW
	The Successor Participant/Custodian or Executor of the deceased Participant's/Custodian's Estate must sign below.
	As the Successor Participant/Custodian, or Executor of the deceased Account Participant's/Custodian's Estate, I certify that the information provided in this form is true and complete in all respects.
	New Account Participant's/Custodian's First Name (M.I.)
	New Account Participant's/Custodian's Last Name
	SIGNATURE Signature of New Account Participant/Custodian Date (mm-dd-yyyy)