# DO NOT STAPLE

# Path2College 529 Plan

# Transfer Due to Death of Account Owner 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 owner/custodian.
- Successor Account Owner/Custodian On File:

The owner/custodian of an individual 529 account is deceased, a Successor Account Owner/Custodian is designated for the account specified, and transfer of ownership is requested by Successor Account Owner/Custodian. Please include death certificate for the deceased Account Owner/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 Account Owner/Custodian On File:

The owner/custodian of an individual 529 account is deceased, no Successor Account Owner/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 Owner/Custodian as well as executor of estate documentation.

If the new Account Owner/Custodian does not already have an account for the Beneficiary, the new Account Owner/Custodian must establish an account.

	<b>1.877.424.4377</b> Monday to Friday 8 a.m. – 8 p.m. ET
•••	www.path2college529.com

Regular mailing address: Path2College 529 Plan P.O. Box 219293 Kansas City, MO 64121-9293

Overnight mailing address: Path2College 529 Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

- New accounts can be established online at path2college529.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 **1.877.424.4377**, Monday through Friday from 8 a.m. – 8 p.m. ET.

Deceased Account	Owner/Custodiar	ו (First name)												
Deceased Account	Owner/Custodiar	ı (Last name)										 		
Last 4 Digits of Soc Security Number	or cial		Account Nur	nber			_							
Please list Bene	ficiary name a	nd correspo	onding acc	count nur	nber be	elow.								
<b>Beneficiary</b> N	ame						Α	ccou	nt Ni	umb	er			
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New Accou	Int Informat	tion												
Account Owner/Cu	stodian <i>(First nam</i>	з <u>с с с</u> 1е)												
Account Owner/Cu	stodian (First nam	] [ ] [												

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Please check one box:

An Account for this Beneficiary exists for this new Account Owner/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 Account Owner/Custodian

Executor of the Decedent's Estate

Other (Please specify)

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### **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 Account Owner/Custodian or Executor of the deceased Account Owner's/Custodian's Estate must sign below.

As the Successor Account Owner/Custodian, or Executor of the deceased Account Owner's/Custodian's Estate, I certify that the information provided in this form is true and complete in all respects.

New Account Owner's/Custodian's First Name (M.I.)									
New Account Owner's/Custodian's Last Name									
SIGNATURE									
Signature of New Account Owner/Custodian	Date (mm-dd-yyyy)								
Please only fill out below if you will need your original legal documents returned: (Optional)									
Recipient First Name	(M.I.)								
Recipient Last Name									
Mailing Address									
City State	— Zip Code								



TIAA-CREF Tuition Financing, Inc., Plan Manager. TIAA-CREF Individual & Institutional Services, LLC, Member FINRA, distributor and underwriter for the Path2College 529 Plan.