

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

- A. ☐ **Entire balance.** ISave 529 will close the account you indicated in **Section 1** and transfer all of the assets to an account for your new Beneficiary. **Note:** If the amount you want transferred to the new Beneficiary exceeds the Maximum Account Limit — or if the amount of your transfer causes the aggregate balance of all existing accounts sponsored by the State of Iowa for the new Beneficiary to exceed the Maximum Account Limit — the excess will remain in the account designated for your original Beneficiary under your current account number.

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

☐ **Yes.** —
Account Number

☐ **No.** *(Complete all remaining sections.)*

- B. ☐ **Partial balance.** ISave 529 will keep your account open for the original Beneficiary. The dollar amount or percentage you specify below will be transferred to the new Beneficiary's account. **Note:** If you are invested in more than one investment option, the dollar amount or percentage will be taken on a proportional basis from each investment option. If the amount you want transferred to the new Beneficiary exceeds the Maximum Account Limit — or if the amount of your transfer causes the aggregate balance of all existing accounts sponsored by the State of Iowa for the new Beneficiary to exceed the Maximum Account Limit — the excess will remain in the account designated for your original Beneficiary under your current account number.

\$, . **OR** %
Dollar Amount Percentage

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

☐ **Yes.** —
Account Number

☐ **No.** *(Complete all remaining sections.)*

If you have already established an account for the new Beneficiary and provided the account number above, skip to **Section 7**.

4. Investment Selection *(Check only one box.)*

For more information about the investment options, refer to the ISave 529 Program Description (available at **ISave529.com**) or call us at **888-672-9116**.

- A. ☐ **I want to keep the same investment options for my new Beneficiary.** If you are invested in an Age-Based Savings Track and the new Beneficiary is in a different age bracket than the original Beneficiary, your asset allocation may change.
- B. ☐ **I want to establish a new investment allocation for this account.** You may choose up to five investment options. You must allocate at least 5% of your contributions to each investment you choose, using whole percentages only. Your investment percentages must total 100%.

Age-Based Savings Tracks—Designed for Higher Education *(Each track invests in a series of Individual Portfolios. The assets in an Age-Based Savings Track will be automatically exchanged from one portfolio to another as the Beneficiary ages.)*

Aggressive Growth Age-Based Track	<input type="text"/> <input type="text"/> <input type="text"/> %
Growth Age-Based Track	<input type="text"/> <input type="text"/> <input type="text"/> %
Moderate Growth Age-Based Track	<input type="text"/> <input type="text"/> <input type="text"/> %
Conservative Growth Age-Based Track	<input type="text"/> <input type="text"/> <input type="text"/> %

Individual Portfolios *(The assets will remain in the portfolio you select until you exchange them to a new investment option.)*

Stock Portfolios:

Total International Stock Index Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Aggressive Growth Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Total Domestic Stock Index Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %

Balanced Portfolios:

Growth Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Moderate Growth Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Conservative Growth Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Income Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %

Bond Portfolios:

Short-Term Bond Index Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Bond Index Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Conservative Income Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Total International Bond Index Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %

Short-Term ReservePortfolios:

Interest Accumulation Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
	<hr/>
	<input type="text"/> <input type="text"/> <input type="text"/> %

Please remember to:

- Choose no more than five investments.
- Allocate at least 5% to each investment you choose.
- Use whole numbers.
- Sign in Section 7.

5. Successor Account Owner Information *(Optional)*

- You may revoke or change the Successor Account Owner at any time. Refer to the ISave 529 Program Description for more information.
- You can have only one Successor Account Owner per account, and he or she must be a U.S. citizen or resident alien and **must be at least 18 years of age.**

Name of Successor *(first, middle initial, last)* **(Required)**

Birth Date *(month, day, year)*

6. Recurring Contribution—also known as automatic investment plan or AIP *(Optional)*

Through recurring contributions, you can have funds transferred electronically—on a regular basis—from your bank account to your ISave 529 account. Your bank account will be debited (money will be withdrawn) on the 20th of any month, unless you pick a different date. Your investment will be credited (money will be added) to your ISave 529 account on the previous business day. You can start, change or stop the recurring contributions by accessing your account online at **ISave529.com** or by calling **888-672-9116**.

☐ I would like to continue my existing recurring contribution for the new Beneficiary.

7. Authorization—YOU MUST SIGN BELOW

By signing below, I agree to the following terms and conditions:

- I certify that I have received and read the ISave 529 Program Description and Privacy Policies (Program Description), and the Privacy Policy of Ascensus College Savings Recordkeeping Services, LLC. I understand that by signing this Beneficiary Change Form, I am also signing and agreeing to be bound by the terms and conditions of the Program Description. I understand that this Beneficiary Change Form shall be construed, governed and interpreted in accordance with the laws of the State of Iowa.
- Except as set forth below, I understand that the Program Description constitutes the entire agreement between the Account Owner and ISave 529. No person is authorized to make an oral modification to this agreement.
- I understand that this Beneficiary Change Form is subject to and incorporates by reference the administrative rules, operating procedures and policies adopted by the Iowa Treasurer of State and the statutes governing the trust codified as Code of Iowa, Chapter 12D. I also understand that any changes in statutes, regulations, operating procedures and policies shall amend this Beneficiary Change Form after adoption by the Treasurer of State.
- I understand that I may incur federal and state income taxes, penalty taxes, federal gift tax, estate tax or generation-skipping transfer tax as a consequence of certain activities, including terminating my account or changing my Beneficiary to an ineligible person. (Account Owners should seek advice from a qualified tax advisor.)
- I understand that contributions to ISave 529 are not insured and that the investment returns are not guaranteed by the Federal Deposit Insurance Corporation, The Vanguard Group, Inc., Ascensus College Savings Recordkeeping Services, LLC, or any of their respective affiliates, the State of Iowa or any other government or government agency. I understand that contributions will be invested under the direction of the Treasurer of State and there is no assurance that the accounts under ISave 529 will generate any specific rate of return; in fact, there is no assurance that the accounts will not decrease in value.
- **I agree to the terms of the predispute arbitration clause as described in the “Arbitration” section of the Program Description.**
- I certify that the information provided on this form is true and accurate and that I am bound by the terms, rights and responsibilities stated in this Beneficiary Change Form and by any and all statutory, administrative and operating procedures that govern ISave 529.

➤ **SIGNATURE**

Signature of Account Owner

Date *(mm-dd-yyyy)*