ISave 529[™]

Beneficiary Change Form



- Complete this form if you are transferring to a new Beneficiary all or part of the balance in the account for the current Beneficiary.
- **Important:** The new designated Beneficiary must be a "Member of the Family" of the current designated Beneficiary as defined in the ISave 529 Program Description. Otherwise, the change will be considered a nonqualified withdrawal, and the earnings may be subject to federal income tax and a 10% federal penalty tax, as well as state and local income taxes.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **ISave529.com**, or you can call us to order any form—or request assistance in completing this form—at **888-672-9116** on business days from 7 a.m - 8 p.m. Central Time.

Return this form to: ISave 529 P.O. Box 219219 Kansas City, MO 64121-9219	For overnight delivery or registered mail, send to: ISave 529 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131				
Account Information					
Account Number (Required)	Account Owner Telephone Number				
Name of Account Owner (first, middle initial, last) (Required)					
Name of Current Beneficiary (first, middle initial, last) (Required)					
New Beneficiary Information					
	e Family" of the original Beneficiary, then this change will be treated as a				
nonqualified withdrawal and will be subject to adverse federa	al income tax consequences.				
Name of New Beneficiary (first, middle initial, last) (Required)					
Name of New Beneficiary (first, middle initial, last) (Required)					
Name of New Beneficiary (first, middle initial, last) (Required) Social Security Number or Individual Taxpayer ID Number (Required)	Birth Date (month, day, year)				

REMEMBER TO SIGN IN SECTION 7.



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A	your new Ben or if the amou new Beneficia	ce. ISave 529 will close the account you indicated in Section 1 and transfer all of the assets to an account for eficiary. Note: If the amount you want transferred to the new Beneficiary exceeds the Maximum Account Limit – int of your transfer causes the aggregate balance of all existing accounts sponsored by the State of lowa for the ary to exceed the Maximum Account Limit — the excess will remain in the account designated for your original order your current account number.					
	Do you alread	y have an Account for the new Beneficiary? (Check one.)					
	Yes.	Account Number					
	No.	(Complete all remaining sections.)					
В.	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 yo 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 lowa 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.						
	\$ Dollar Amount	OR Percentage %					
	Do you alread	y 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**.

Investment Selection (Check only one box.)		
For more information about the investment options, ref at 888-672-9116 .	er to the ISave 529 Program Descrip	ntion (available at ISave529.com) or call us
A. I want to keep the same investment option and the new Beneficiary is in a different age br		
B. I want to establish a new investment alloc must allocate at least 5% of your contributions percentages must total 100%.		
Age-Based Savings Tracks—Designed for Higher in an Age-Based Savings Track will be automatically ex		
Aggressive Growth Age-Based Track	<u> </u>	
Growth Age-Based Track	<u> </u>	
Moderate Growth Age-Based Track	<u> </u>	
Conservative Growth Age-Based Track		
Individual Portfolios (The assets will remain in the po	ortfolio you select until you exchang	e them to a new investment option.)
Stock Portfolios:		
Total International Stock Index Portfolio	<u> </u>	Please remember to:
Aggressive Growth Portfolio	<u> </u>	 Choose no more than five investments.
Total Domestic Stock Index Portfolio	<u> </u>	 Allocate at least 5% to each investment you choose.
		 Use whole numbers.
Balanced Portfolios:		• Sign in Section 7.
Growth Portfolio	%	
Moderate Growth Portfolio	%	
Conservative Growth Portfolio	%	
Income Portfolio	%	
Bond Portfolios:		
Short-Term Bond Index Portfolio		
Bond Index Portfolio		
Conservative Income Portfolio	<u> </u>	
Total International Bond Index Portfolio	%	
Short-Term ReservePortfolios:		
Interest Accumulation Portfolio		

ı may revoke or change the Success	or Account Owner at	any time. Refer to th	ie ISave 529 l	Program Desc	ription for m	iore	
	. 0			,			
	unt Owner per accou	nt, and he or she mu	st be a U.S. c	itizen or resid	ent alien an	d must i	be at
of Successor (first, middle initial, last) (Requ	ired)						
te (month, day, year)							
ırring Contribution—also k	known as autom	atic investment	plan or A	IP (Optional)			
529 account. Your bank account wil Your investment will be credited (m	I be debited (money v oney will be added) to	vill be withdrawn) or o your ISave 529 acco	n the 20th of a ount on the pr	any month, un evious busine	lless you pic ess day. You	k a diffe can star	erent
would like to continue my existing	recurring contribution	for the new Benefic	iary.				
orization—YOU MUST SIG	N BELOW						
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ertify that I have received and read thicy of Ascensus College Savings Reconing and agreeing to be bound by the	ne ISave 529 Program I ordkeeping Services, I e terms and conditions	Description and Priva LC. I understand tha of the Program Desc	t by signing the cription. I unde	is Beneficiary	Change For	m, I am a	also
				ement betwee	n the Accou	nt Owne	er and
d policies adopted by the lowa Treasi derstand that any changes in statute:	urer of State and the s	tatutes governing the	e trust codified	d as Code of Io	owa, Chapte	r 12D. I a	also
as a consequence of certain activitie	es, including terminati						
urance Corporation, The Vanguard G liates, the State of lowa or any othe ection of the Treasurer of State and t	roup, Inc., Ascensus Cor government or gover here is no assurance t	ollege Savings Recor nment agency. I unde hat the accounts und	dkeeping Serverstand that co	vices, LLC, or a ontributions w	any of their roill be investe	espective ed under	e the
	te arbitration clause	e as described in th	e "Arbitratio	on" section o	of the Progr	am	
ertify that the information provided on				•		ilities sta	ated in
GNATURE							
	ast 18 years of age. of Successor (first, middle initial, last) (Required (month, day, year) urring Contribution—also leads (month, day, year) urring Contribution—also leads (month, day, year) urring Contribution—also leads (month, day, year) urring Contributions, you can be 529 account. Your bank account will your investment will be credited (may early or stop the recurring contributions) would like to continue my existing the contributions of the second of the following earlify that I have received and read the licy of Ascensus College Savings Recurring and agreeing to be bound by the fall be construed, governed and interpretated as set forth below, I understand eave 529. No person is authorized to manderstand that this Beneficiary Changed policies adopted by the lowa Treast derstand that any changes in statutes option by the Treasurer of State. 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Inderstand that I may incur federal and state income taxes, as a consequence of certain activities, including terminativeners should seek advice from a qualified tax advisor.) Inderstand that contributions to ISave 529 are not insured a surrance Corporation, The Vanguard Group, Inc., Ascensus Crilliates, the State of lowa or any other government or gover ection of the Treasurer of State and there is no assurance to fact, there is no assurance that the accounts will not decrease gree to the terms of the predispute arbitration clause escription. The program of the predispute arbitration clause escription.	ucan have only one Successor Account Owner per account, and he or she mucast 18 years of age. Grain Grain	autan have only one Successor Account Owner per account, and he or she must be a U.S. clast 18 years of age. In Successor (first, middle initial, last) (Required) Interim Contribution—also known as automatic investment plan or A gh recurring contributions, you can have funds transferred electronically—on a regular bas 529 account. Your bank account will be debited (money will be withdrawn) on the 20th of a Your investment will be credited (money will be added) to your (Save 529 account on the prie or stop the recurring contributions by accessing your account online at ISave529.com or would like to continue my existing recurring contribution for the new Beneficiary. Interior of Ascensus College Savings Recordkeeping Services, LLC. I understand that by signing the plant of the Program Description. I under all be construed, governed and interpreted in accordance with the laws of the State of lowa. Deep tas set forth below, I understand that the Program Description constitutes the entire agree and policies adopted by the lowa Treasurer of State and the statutes governing the trust codified derstand that any changes in statutes, regulations, operating procedures and policies shall an option by the Treasurer of State. Inderstand that I may incur federal and state income taxes, penalty taxes, federal gift tax, esta cas a consequence of certain activities, including terminating my account or changing my Ben wirers should seek advice from a qualified tax advisor.) Inderstand that I may incur federal and state income taxes, penalty taxes, federal gift tax, esta cas a consequence of certain activities, including terminating my account or changing my Ben wirers should seek advice from a qualified tax advisor.) Inderstand that the Theorem of State and the satutes governing Recordkeeping Serving Recordkeeping Serving Recordseeping Serving	au can have only one Successor Account Owner per account, and he or she must be a U.S. citizen or resident ast 18 years of age. 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Your bank account will be debited (money will be withdrawn) on the 20th of any month, unless you pic or stop the recurring contributions by accessing your account on line at ISave529.com or by calling 888-672-9116 would like to continue my existing recurring contributions by accessing your account online at ISave529.com or by calling 888-672-9116 would like to continue my existing recurring contribution for the new Beneficiary. Norization—YOU MUST SIGN BELOW uning below, I agree to the following terms and conditions: artify that I have received and read the ISave 529 Program Description and Privacy Policies (Program Description), and it licy of Ascensus College Savings Recordkeeping Services, LLC, I understand that by signing this Beneficiary Change Forn inig and agreeing to be bound by the terms and conditions of the Program Description. I understand that this Beneficial all be construed, governed and interpreted in accordance with the laws of the State of Iowa. Description authorized to make an oral modification to this agreement. The authorized to make an oral modification to this agreement. The authorized to make an oral modification to this agreement. The authorized to make an oral modification to this agreement. The authorized to make an oral modification to this agreement. The authorized to make an oral modification to this agreement. The authorized to make an oral modification to this agreement. The authorized to make an oral modification to this agreement. The authorized to make an oral modification to this agreement. The authorized to make an oral modification to this agreement. The authorized to make an oral modification to this agreement. The authorized to make an oral modification to this agreement. The authorized to make an oral modification to this agreement. The authorized to make an oral m	ast 18 years of age. Grand Grand

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