ISave 529™

Change of Ownership Form

- Complete this form to transfer all or part of your account balance to a new Account Owner. Once the transfer is complete, the new Account Owner will control the account and the disposition of all assets held in the account. If you'd like to transfer ownership of more than one account, please complete an ISave 529 Change of Ownership Form for each account.
- **Important:** If the new Account Owner doesn't already have an account for the Beneficiary, he or she must also submit an **Enrollment Form**.
- The signature of the current Account Owner must be notarized. Don't sign this form until you're in the presence of a notary public.
- Don't use this form if the current Account Owner has died. Call one of our specialists at the number below so that we may provide personal assistance.

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

1. Current Account Owner Information

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Account Number ***(Required)***

Name of Account Owner *(first, middle initial, last)* or Trust ***(Required)***

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Last Four Digits of Social Security Number or Other Taxpayer ID Number ***(Required)***

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Daytime Telephone Number

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Evening Telephone Number

REMEMBER TO SIGN IN SECTION 4.

* I O W A C H G O W N S H P *

2. New Account Owner Information

Name of New Account Owner *(first, middle initial, last)* or Trust

Birth Date *(month, day, year)*

Last Four Digits of Social Security Number or Other Taxpayer ID Number ***(Required)***

Do you have an existing account for the Beneficiary listed in **Section 1**? *(Check one.)*

☐ **Yes.** Account Number

☐ **No.** The new Account Owner must complete an **Enrollment Form**.

3. Transfer Amount

A. ☐ **Entire balance.** The Plan will close the account you indicated in **Section 1** and will transfer all of the assets to an account for the new Account Owner. If you have an automatic investment plan (AIP) established on your account, it will be stopped; if you currently have payroll deduction, you must notify your payroll department.

B. ☐ **Partial balance.** The Plan will keep your account open. The dollar amount or percentage you specify below will be transferred to the new account. **Note:** If you're invested in more than one investment option, the dollar amount or percentage will be taken out on a proportional basis from each investment option. If you indicate a percentage, it will be determined based on the current market value.

$ Dollar Amount **OR** Percentage **%**

4. AUTHORIZATION—YOU MUST SIGN BELOW

Note: Don't sign below until you're in the presence of a notary public.

I certify that the information provided in this form is true and complete in all respects.

Name of Current Account Owner *(First, middle intial, last)* ***(Required)***

➤ SIGNATURE

Signature of Current Account Owner

Date *(mm-dd-yyyy)*

(Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.)

STATE OF_____)

) ss.:

COUNTY OF _____)

This document was acknowledged before me on _____ (date) by _____ (name of Account Owner), who certifies the correctness of the signature of the Account Owner.

SIGNATURE

Signature of Notary

Date *(mm-dd-yyyy)*

Name of Notary *(first, middle initial, last)*

My commission expires:

Date *(mm-dd-yyyy)*

Authorized Officer to place stamp here

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