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

Current Account Owner Information	
Account Number (Required)	
Name of Beneficiary (first, middle initial, last)	
Name of Account Owner (first, middle initial, last) or Trust (Required)	
Last Four Digits of Social Security Number or Other Taxpayer ID Number (Required)	
Daytime Telephone Number	Evening Telephone Number
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REMEMBER TO SIGN IN SECTION 4.



Name of New Account Owner (first, middle initial, last) or Trust	New Account Owner Information	
Do you have an existing account for the Beneficiary listed in Section 1? (Check one.) Yes	Name of New Account Owner (first, middle initial, last) or Trust	
Yes. Account Number No. The new Account Owner must complete an Enrollment Form. 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. \$	Birth Date (month, day, year)	Last Four Digits of Social Security Number or Other Taxpayer ID Number (Required)
No. The new Account Owner must complete an Enrollment Form. 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. \$	Do you have an existing account for the Beneficiary listed in Sect	ion 1? (Check one.)
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·	to the new account. Note: If you're invested in more than out on a proportional basis from each investment option. I	one investment option, the dollar amount or percentage will be taken

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 of Current Account Owner	Date (mm-dd-yyyy)	
	(Your signature must be notarized. See below. We cannot accept a signature guaranteed of the state of the signature of the si	ntee in place of a notary's seal.)	
) 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 Acco		
	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	