

College Savings Iowa[®]

Change of Ownership Form

- Complete this form to transfer all or part of your account balance to a new participant. Once the transfer is complete, the new participant 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 a College Savings Iowa Change of Ownership Form for each account.
- **Important:** If the new participant doesn't already have an account for the beneficiary, he or she must also submit an Enrollment Application.
- The signature of the current participant 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 participant 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 www.collegesavingsiowa.com. Or you can call us toll-free to order any form—or get assistance in filling out this one—at **888-672-9116** on business days from 8 a.m. to 9 p.m., Eastern time. Return this form in the enclosed postage-paid envelope, or mail to: **Michael L. Fitzgerald, Treasurer of State, College Savings Iowa, P.O. Box 219219, Kansas City, MO 64121-9219**. For overnight delivery or registered mail, send to: **Michael L. Fitzgerald, Treasurer of State, College Savings Iowa, 920 Main Street, Suite 900, Kansas City, MO 64105-2017**.

1. Current Participant Information

Account Number

Name of Beneficiary

Name of Participant (*first, middle initial, last*) **or Trust**

Last Four Digits of Social Security Number or Other Taxpayer ID Number

 - -

Daytime Telephone Number

 - -

Evening Telephone Number

REMEMBER TO SIGN IN SECTION 4.

2. New Participant Information

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

/ /

Birth Date or Trust Date (*month, day, year*)

Last Four Digits of Social Security Number or Other Taxpayer ID Number

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

Yes.

Account Number

No. The new participant must complete an Enrollment Application.

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 participant. 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 Participant *(or authorized person)*

➤

 / /

Signature of Current Participant

Date (month, day, year)

(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 participant), who certifies the correctness of the signature of the participant.

➤

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Signature of Notary Public

Date (month, day, year)

Notary Public's Name *(first, middle initial, last)*

My commission expires:

 / /

Date (month, day, year)

Notary to Place Seal Here