ISave 529™

Transfer Due to Death of Account Owner Form

ISAVE Roby Smith Iowa Treasurer 529

- Use this form to transfer the account ownership due to death.
- **Successor Account Owner on file** – If a Successor Account Owner is on file, they must complete this transfer form in order to become the new Account Owner.
- **No Successor Account Owner on file**
  - **Beneficiary over age 18** – The Beneficiary will become the new Account Owner and, therefore, must complete this transfer form.
  - **Beneficiary under age 18** – The parent or legal guardian of the Beneficiary will become the new Account Owner and, therefore, must be the person to complete this transfer form.
- New accounts can be established online at **ISave529.com** or with a mailed **Enrollment Form**.
- **Print clearly in capital letters and use black ink.**

Important: If the new Account Owner does not already have an account for the Beneficiary, they must also submit a Enrollment Form.

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. Deceased Account Owner Information

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

Last Four Digits of Social Security Number ***(Required)***

OR

Account Number ***(Required)*** —

Please list Beneficiary names and corresponding account numbers below. If more than three accounts are being transferred, attach a separate sheet of paper.

Beneficiary Names	Account Numbers
	—
	—
	—

REMEMBER TO SIGN IN SECTION 4.

IAA ACCT TRANSFER DUE TO DEATH

2. New Account Owner Information *Check the box that describes your role (choose one).*

☐ Successor Account Owner on File

☐ Parent/Legal Guardian of Minor Beneficiary

☐ Beneficiary over age 18

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

Birth Date *(month, day, year)*

Last 4 Digits of Social Security Number ***(Required)***

Telephone Number

Email Address

☐ Does the new Account Owner have an existing account for the Beneficiary(ies) with ISave 529? **(Y/N)**

If Yes – Provide Beneficiary name(s) and account number(s) below. **Note:** The Beneficiary (future student) must be the same on the new account as on the decedent's account.

If No – Return an Enrollment Application with this form.

Beneficiary Names	Account Numbers

3. Required Documentation

- Attach a certified copy of the Account Owner's death certificate.
- **If the Beneficiary is under age 18 and no Successor Account Owner is on file**
  - Provide a copy of the Beneficiary's birth certificate or court appointed guardianship papers to confirm who has authority over the Beneficiary's finances.
  - **Note:** In addition to this form, the parent or legal guardian must complete and submit an **Enrollment Form**.
- If you would like the required documents returned, provide a return address below.

Street Address

City

State

Zip Code

4. Signature

Successor Account Owner or Beneficiary of deceased Account Owner's account(s) must sign below. If the Beneficiary is under age 18, the parent or legal guardian must sign below.

As the Successor Account Owner or parent/guardian, I certify that the information provided in this form is true and complete.

Full Legal Name *(Please print.)*

➤ SIGNATURE

Signature of Successor Account Owner, Beneficiary or Parent/Legal Guardian

Date *(mm-dd-yyyy)*

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