IDeal – Idaho College Savings Program

Transfer Due to Death of Account Owner Form

- Use this form to transfer ownership of an Account due to death of the Account Owner.
- Complete this form for each new Account owner.
- **Successor Account Owner/Custodian On File:**
  The owner of an individual 529 account is deceased, a Successor Account Owner/Custodian is designated for the account specified, and transfer of ownership is requested by Successor Owner/Custodian. Please include death certificate for the deceased Account Owner/Custodian if one is not already on file. **Note:** If your Account is an UTMA/UGMA Account, the Successor Custodian is only acting in this capacity until the Beneficiary has reached the age of termination.
- **No Successor Account Owner/Custodian On File:**
  The owner of an individual 529 account is deceased, no Successor Owner/Custodian is designated, and transfer of ownership is being requested by the executor of the decedent's estate. Please include death certificate for the deceased Account Owner/Custodian as well as executor of estate documentation.
- If the new Account Owner/Custodian does not already have an account for the Beneficiary, the new Account Owner/Custodian must establish an account.
  - New accounts can be established online at **www.idsaves.org** or with a mailed **Enrollment Form**. Print clearly, preferably in capital letters and black ink.

1.866.433.2533
Monday to Friday 6 a.m. - 6 p.m. MT

www.idsaves.org

Regular mailing address:
IDeal – Idaho College Savings Program
P.O. Box 219944
Kansas City, MO 64121

Overnight mailing address:
IDeal – Idaho College Savings Program
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

To request assistance in completing this form call us at **1.866.433.2533**, Monday through Friday from 6 a.m. to 6 p.m., Mountain Time.

1. Current Account Information

Deceased Owner/Custodian *(First name)* *(M.I.)*

Deceased Owner/Custodian *(Last name)*

Last 4 Digits of Social Security Number

Beneficiary Name

Account Number —

2. New Account Information

Check the box that describes your role *(choose one)*

☐ Successor account owner on file ☐ Executor of account owner's will ☐ Administrator of account owner's estate

If you are the successor account owner on file, enter your information below. If you are the executor or an administrator, enter the information for the individual who will become the new account owner below.

Account Owner/Custodian *(First name)* *(M.I.)*

Account Owner/Custodian *(Last name)*

ID TRANSFER DUE TO DEATH

Please check one box:

☐ **An Account for this Beneficiary exists for this new Account Owner/Custodian.** *(Please provide account number.)*

☐☐☐☐☐☐☐☐☐☐ – ☐☐

Existing Account Number

☐ **A new Account will be established for this Beneficiary**. *(Please include a new **Enrollment Form** with this form.)*

3. Required Documentation

- **If a successor Account Owner is on file**
  - Attach a certified copy of the Account Owner's death certificate.
- **If no successor Account Owner is on file**
  - Copy of a Certified Letter of Testamentary or Certified Letter of Administration to verify the authority of the individual completing this form.

Note: Original certification must be within 60 days of the transfer. If more than 60 days have passed, issuing authority must re-certify before submitting to the plan.

- If you would like the required documents returned to you, please provide a return address below.

☐☐

Permanent Street Address *(P.O. box or rural route number is **not** acceptable.)*

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City State Zip

4. Transfer Type

If an option is not selected below, the transfer amount will be allocated according to the standing allocations in effect on the receiving Account at the time the transfer is made.

Check one.

☐ I want to transfer the assets in-kind. *(An "in-kind" transfer will move the selected assets over to the receiving account without a change in currently held investment allocations(s).)*

☐ I want to transfer and allocate the assets according to the receiving Account's standing allocations for future contributions. *(By selecting this option, the current investments will be liquidated, and the funds will be deposited into the new Account according to the allocation for future contributions on the new Account.)*

5. Signature — YOU MUST SIGN BELOW heck one box:

Capacity of Requestor *(Please choose one):*

☐ Successor Account Owner/Custodian

☐ Executor of the Decedent's Estate

☐ Other *(Please specify)* ☐

The Successor Account Owner/Custodian or Executor of the deceased Account Owner's/Custodian's Estate must sign below.

As the Successor Account Owner/Custodian, or Executor of the deceased Account Owner's/Custodian's Estate, I certify that the information provided in this form is true and complete in all respects.

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New Account Owner's/Custodian's First Name *(M.I.)*

☐☐

New Account Owner's/Custodian's Last Name

➤ SIGNATURE ☐☐ – ☐☐ – ☐☐☐☐

Signature of New Account Owner/Custodian Date *(mm/dd/yyyy)*