IDeal — Idaho College Savings Program

## Transfer Due to Death of Account Owner Form



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

IDeal – Idaho College Savings Program

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1.866.433.2533

www.idsaves.org

Regular mailing address:

Kansas City, MO 64121

Overnight mailing address:

Kansas City, MO 64131

**1001 E 101st Terrace, Suite 200** 

P.O. Box 219944

- 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.

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.

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	ase 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.)
Re	quired 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
Not	<b>te:</b> Original certification must be within 60 days of the transfer. If more than 60 days have passed, issuing authority must re-certione submitting to the plan.
	If you would like the required documents returned to you, please provide a return address below.
Perm	manent Street Address (P.O. box or rural route number is <b>not</b> acceptable.)
City	State Zip
	I want to transfer the assets in-kind. (An "in-kind" transfer will move the selected assets over to the receiving account withou 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. (Be 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.)
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_	gnature — YOU MUST SIGN BELOW heck one box: pacity of Requestor (Please choose one):
<b>Са</b> р	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.
	the Successor Account Owner/Custodian, or Executor of the deceased Account Owner's/Custodian's Estate, I certify that the ormation provided in this form is true and complete in all respects.
	· · · · · · · · · · · · · · · · · · ·
New	V Account Owner's/Custodian's First Name
New	Account Owner's/Custodian's First Name
	v Account Owner's/Custodian's First Name v Account Owner's/Custodian's First Name v Account Owner's/Custodian's Last Name

