



**3. Transfer amount** (Check and complete **Section 3a, 3b** or **3c.**)

A.  **Existing Account transfers.** If an option is not selected below, the transfer amount will be allocated according to the new Beneficiary's existing Portfolio allocation election.

**Check one.**

- I want to transfer the assets in-kind. (An "in-kind" transfer is moving the Units from the current Beneficiary's Account to the new Beneficiary's Account without selling or buying Portfolios.) Go to **Section 5.**
- I want to transfer and allocate the assets according to the new Beneficiary's current Investment Options. (By selecting this option, the current investments will be liquidated and the funds will be deposited into the new Beneficiary's Account according to the future allocation instructions on the new Beneficiary's Account.) Go to **Section 5.**
- I want to transfer the assets into the new Investment Option(s) selected in **Section 4.** (This will not change the future contribution allocation of the new Beneficiary's Account.) Go to **Section 4.**

B.  **Entire balance.** Indiana529 Advisor Savings Plan ("Indiana529 Advisor") will change the Beneficiary on your Account and will assign you a new Account number if you do not already have an Account for the new Beneficiary. Once the transfer is completed, the old Account will be closed.

Do you already have an Account for the new Beneficiary? (Check one.)

**Yes.**               —    
Account Number

**No.**    **Complete all remaining sections.**

C.  **Partial balance.** Indiana529 Advisor will keep the current Beneficiary's Account open. The dollar amount you specify below will be transferred to the new Beneficiary's Account.

<b>Name of Investment Option</b>	<b>Dollar amount</b> <i>(For partial amounts.)</i>	<b>OR</b>	<b>Total balance</b> <i>(Check if applicable.)</i>
<input style="width: 100%;" type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>

Do you already have an Account for the new Designated Beneficiary? (Check one.)

**Yes.**               —      **If yes, go directly to Section 3c.**  
Account Number

**No.**    **Complete all remaining sections.**

**Note:** If the amount you want transferred exceeds the maximum contribution limit, the excess will remain in the existing Account for your current Beneficiary.

**Important:** If you have already established an Account for the new Beneficiary and provided the Account number above, proceed directly to **Section 7.** Otherwise, complete all remaining sections.

#### 4. Investment Option selection *(Check only one box.)*

- **Important:** If you have already established an Account for the new Beneficiary, proceed directly to **Section 7**.

- A.  **I want to keep the same investment options for my new beneficiary.** If you are invested in a Target Enrollment Portfolio and the new beneficiary has a different target enrollment date than the former beneficiary, you may want to determine if the current allocation is appropriate. The current Target Enrollment Portfolios will not change unless you initiate the change.
- B.  **I want to establish a new investment allocation for this account.** Choose up to five investment options—refer to the Disclosure Booklet and Tuition Savings Agreement for more information. You must allocate **at least 5% of your contributions to each investment** you choose, using whole percentages only. Your investment percentages **must total 100%**.

**Year of Enrollment Portfolios:** The asset allocation of money invested in the Year of Enrollment Portfolios is automatically adjusted over time to become more conservative as the Beneficiary approaches college.

2043 Enrollment Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
2040 Enrollment Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
2037 Enrollment Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
2034 Enrollment Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
2031 Enrollment Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
2028 Enrollment Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
2025 Enrollment Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
College Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %

**Individual Portfolios:** The assets will remain in the portfolio you select until you exchange them into a new Investment Option.

TTIPS Index Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Core Bond Index Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
PIMCO Total Return Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Vanguard Equity Income Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Large Cap Index Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
T Rowe Price Large Cap Growth Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Mid Cap Equity Index Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Diamond Hill Small-Mid Cap Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Small Cap Equity Index Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
International Equity Index Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
American Funds EuroPacific Growth Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Emerging Markets Equity Index Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %

**Savings Portfolio and Capital Preservation Portfolio:** The assets will remain in the portfolio until you exchange them into a new Investment Option.

Savings Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Capital Preservation Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
	<b>1 0 0</b> %

**5. Successor Account Owner information** *(Optional)*

- The Successor Account Owner will take over control of the Account in the event of your death or legal incompetence.
- The person you designate as Successor Account Owner **must be at least 18 years old**.
- To change an existing Successor Account Owner, please go online at **www.indiana529advisor.com** or call **1.866.485.9413**.
- You may revoke or change the Successor Account Owner at anytime. See the Disclosure Booklet for more information.

I want to have the same Successor Account Owner for the new Beneficiary.

**6. Recurring contribution** *(Optional)*

Through recurring contribution, you can have funds transferred electronically—on a regular basis—from your bank, savings and loan, or credit union account to your Indiana529 Advisor Account. Your contribution will be credited to your Indiana529 Advisor Account on the business day before it is debited from your bank account. You may add, change or delete bank information, or change the investment amount and frequency at any time by logging on to your Account at **www.indiana529advisor.com**.

I would like to continue my existing recurring contribution for the new Beneficiary.

**7. SIGNATURE—YOU MUST SIGN BELOW**

By signing below, I hereby apply for an Account in Indiana529 Advisor. I certify that:

- I have received, read, and understand the terms and conditions of the Disclosure Booklet. I understand that by signing this **Beneficiary Change Form**, I am agreeing to be bound by the terms and conditions of the Disclosure Booklet. I understand that this **Beneficiary Change Form** shall be construed, governed by, and interpreted in accordance with the laws of the State of Indiana.
- Except as set forth below, I understand that the Disclosure Booklet and **Enrollment Form** and **Beneficiary Change Form** constitute the entire agreement between myself and Trust. No person is authorized to make an oral modification to this agreement.
- I understand that my Account in Indiana529 Advisor is not insured by the State of Indiana or any other governmental entity and neither the principal I contribute nor the investment return is guaranteed by the State of Indiana, the Authority or any other governmental entity, the Trust, the Program Manager, the Investment Managers, or any of their affiliates (*each, as defined in the Disclosure Booklet*). Notwithstanding the foregoing, the Savings Portfolio is the only investment option in Indiana529 Advisor that is insured by the Federal Deposit Insurance Corporation (“FDIC”), up to limits set by the FDIC. I understand that there is no assurance that my Account under Indiana529 Advisor will generate any specific rate of return; in fact, there is no assurance that the Account will not decrease in value (*except for the Savings Portfolio as described in the Disclosure Booklet*).
- I understand that I cannot make contributions that exceed the Maximum Account Balance established by Indiana529 Advisor. I also understand that, for purposes of determining the Maximum Account Balance, contributions to my Account will be combined with contributions to any other State of Indiana offered 529 plan Account held for the benefit of the Beneficiary designated in Section 2 of this **Beneficiary Change Form**. I understand that if a contribution is made to my Account that exceeds the Maximum Account Balance, all or a portion of the contribution amount will be returned to me or the contributor, as applicable.
- **I agree to the terms of the predispute arbitration clause as described under the heading “Arbitration” in the General Provisions section of the Disclosure Booklet.**
- If I am opening an Account using the services of a Financial Advisor, I understand by signing this **Beneficiary Change Form** I am authorizing Ascensus College Savings Recordkeeping Services, LLC to provide my Financial Advisor with access to my Account and perform transactions on my behalf. I agree to hold harmless Indiana529 Advisor and the State of Indiana, the Program Manager, the Plan Officials (*as defined in the Disclosure Booklet*), and their respective agents, employees, and affiliates from any losses I incur as a result of the acts or omissions of my Financial Advisor.
- I certify that all of the information that I provided on this **Beneficiary Change Form** is accurate and complete and that I am bound by the terms, rights, and responsibilities stated in this agreement and by any and all statutory, administrative, and operating procedures that govern Indiana529 Advisor.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**Indiana529**

Advisor Savings Plan