Indiana529 Advisor Savings Plan Transfer Due to Death of Account Owner Form

Indiana529

Advisor Savings Plan

- Complete this form for each new Successor Account Owner.
- Use this form to transfer ownership of an Indiana529 Advisor Savings Plan Account upon the death of the original Account Owner. This form can be used in the following circumstances:

• Successor Account Owner On File:

If a Successor Account Owner has already been named on the Account and ownership is being transferred to the Successor Account Owner, please include death certificate for the deceased Account Owner if one is not already on file. **Note:** If your Account is an UTMA/UGMA Account, the Successor Account Owner is only acting in this capacity until the Beneficiary has reached the age of termination.

• No Successor Account Owner On File:

If no Successor Account Owner has been named on the Account, please include the death certificate for the deceased Account Owner and appropriate documentation from the estate of the deceased Account Owner showing authority of the new Account Owner over assets of the estate.

- If the new Account Owner does not already have an Account open, you must open an Account in order to complete the transfer process.
 - New accounts can be established with a mailed Enrollment Form. Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

To request assistance in completing this form call us at **1.866.485.9413**, any business day from 8 a.m. - 8 p.m. Eastern time. Terms used in this form not otherwise defined, have the same meaning as those terms used in the Indiana529 Advisor Savings Plan Disclosure Booklet (Disclosure Booklet).

Return this form and any other required documents to:

Indiana529 Advisor Savings Plan P.O. Box 219354 Kansas City, MO 64121 For overnight delivery or registered mail, send to:

Indiana529 Advisor Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Current Account I	nformation			
Deceased Account Owner (Fi	irst name)			(N
Deceased Account Owner (La	ast name)			
	or			
Last 4 Digits of Social	Account	Number		
Security Number				
Please list Beneficiary n	ame and correspondi	ing Account number below.		
Beneficiary Name			Account Number	
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Nev	w Account Information
Acco	unt Owner (<i>First name</i>) (M.I.)
Acco	
Pleas	se check one box:
	An Account for this Beneficiary exists for this new Account Owner. (Please provide account number.)
	A new Account will be established for this Beneficiary. (Please include a new Enrollment Form with this form.)
Cap	acity of Requestor (Please choose one):
	Successor Account Owner/Non Successor Account Owner
	Executor of the Decedent's Estate
	Other (Please specify)

3. Transfer Type

If an option is not selected below, the transfer amount will be allocated according to the new Account's existing allocation for future contributions.

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 ilnvestment Options.)

I want to transfer and allocate the assets according to the new Account's existing allocation instructions 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 instructions for future contributions on the new Account.)

4. Signature — YOU MUST SIGN BELOW - (NOTE: Please reference the 4th bullet at the top of the form: No Successor Account Owner On File.)

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

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

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)

