

Advisor Savings Plan

- Please read the Indiana529 Advisor Savings Plan Disclosure Booklet (Disclosure Booklet) before changing the Account Owner and/or Beneficiary on an Account. You may also wish to consult with your legal and/or tax advisor before completing this form.
- If a change of Account Owner or Beneficiary is requested, and the new Account is not yet open, Account Owner of the new Account may call us to obtain a paper version of the **Enrollment Form**, to submit along with this **Transfer Form**.
- A new Account number will be assigned to the Account opened for the new Account Owner and/or Beneficiary, unless an Account already exists for that Account Owner/Beneficiary combination and the existing number is provided below.
- A Notary is required in **Section 4** except where the transfer of the Account ownership is to the former minor of an UGMA/UTMA Account.
- 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.

Important: To avoid adverse tax consequences on the transfer, the new Beneficiary must be a Member of the Family of the former Beneficiary. If the new Beneficiary is not a Member of the Family, the change will be considered a Non-Qualified Distribution, which means that it may be subject to both state and federal income tax and an additional 10% federal penalty tax on any earnings and recapture of the state tax credit. A change of Beneficiary is not permissible for custodial accounts opened under UGMA/UTMA.

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

For overnight delivery or registered mail, send to:

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

☐ **Change of Account Owner and Change of Beneficiary** (*Different Account Owner and Different Beneficiary*)☐ **Change of Beneficiary**
(Same Account Owner)

Account Owner Social Security Number (Last four digits **Required**)

Beneficiary (Last name) **(Required)**

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 Telephone Number



[illegible]

- A. ☐ **Entire balance.** Once the transfer is completed, the original Account will be closed.
- B. ☐ **Partial balance.** Indiana529 Advisor will keep the Account for the current Beneficiary open. The dollar amount you specify below will be transferred to the Account for the receiving Beneficiary identified in **Section 2.**

Name of Investment Portfolio	Dollar amount (For partial amounts.)	OR	Total balance (Check if applicable.)
	\$ <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="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"/>

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 the currently held Investment Options.)
- ☐ I want to transfer and allocate the assets according to the receiving Account’s current 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 Beneficiary’s Account.) This is where the transfer is going to different investment portfolios, and will stay in the same share class.*

By signing this form, I authorize the transfer of my Account to another Account Owner and/or to change the Beneficiary as indicated on this form. I acknowledge the following:

- If requesting a change of ownership, do not sign below until you are in the presence of the authorized notary providing the notary service.**

□□ — □□ — □□□□
Date (mm-dd-yyyy)

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