

Direct Savings Plan

- To request assistance in completing this form call us at **1.866.485.9415**, 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 Direct Savings Plan Disclosure Booklet (Disclosure Booklet).

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

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2. New Account Information

Account Owner (First name) (M.I.)

Account Owner (Last name)

Please check one box:

☐ **An Account for this Beneficiary exists for this new Account Owner.** *(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.)

Capacity of Requestor *(Please choose one):*

☐ Successor Account Owner/Non Successor Account Owner/Custodian.

☐ 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 instructions 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 Investment 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 Investment Options 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.) This is where the transfer is going to different investment portfolios, and will stay in the same share class.

4. Signature—YOU MUST SIGN BELOW

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.

[illegible][illegible]

SIGNATURE _____
Signature of New Account Owner/Custodian

□□ – □□ – □□□□
Date (mm-dd-yyyy)