Indiana529 Direct Savings Plan

## Transfer Due to Death of Account Owner Form



**Direct** Savings Plan

- Complete this form for each new Successor Account Owner.
- Use this form to transfer ownership of an Indiana529 Direct Savings Plan Account upon the death of the original Account Owner.

## 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 the 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 of the trust.

## 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 online at www.Indiana529direct.com or with a mailed Enrollment Form, or if opening an Entity
    or Trust Account by completing the Enrollment Form for an Entity Account, however trust accounts must be opened via a mailed
    Enrollment Form For an Entity 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.

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).

Return this form and any other required documents to:

For overnight delivery or registered mail, send to:

Indiana529 Direct Savings Plan P.O. Box 219418 Kansas City, MO 64121 Indiana529 Direct Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Current Account Information			
Deceased Account Owner (First name)			(M.I.
Deceased Account Owner (Last name)			
Last 4 Digits of Social Account Security Number	Number		
Please list Beneficiary name and correspondi	ng Account number below.		
Beneficiary Name		Account Number	



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.	
1.	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.	
	New Account Owner's/Custodian's First Name (M.I.)	
	New Account Owner's/Custodian's Last Name	
	Signature of New Account Owner/Custodian  Date (mm-dd-www)	

