Indiana529 Direct Savings Plan

Transfer Form

Indiana529 Direct Savings Plan

Instructions

- Please read the Indiana529 Direct 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, the 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. A change of Beneficiary is not permissible for custodial accounts opened under UGMA/UTMA.

To request assistance in completing this form call us at **1.866.485.9415,** 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 used in the Disclosure Booklet.

Return this form and any other required documents to:

Indiana529 Direct Savings Plan
P.O. Box 219418
Kansas City, MO 64121

For overnight delivery or registered mail, send to:

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

Transfer Instructions

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

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

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

1. Current Account Information

Account Number ***(Required)*** —

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

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

Account Owner *(Last name)* ***(Required)***

Beneficiary *(First name)* ***(Required)*** *(M.I.)*

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

Beneficiary Social Security Number *(Last four digits **Required**)*

Telephone Number — —

* I N D I R T R A N S F E R *

2. Receiving Account

Account Number ***(Required)*** *(If account is already established)*

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

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

Account Owner *(Last name)* ***(Required)***

Beneficiary *(First name)* ***(Required)*** *(M.I.)*

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

Beneficiary Social Security Number *(Last four digits **Required**)*

Telephone Number

3. Transfer Amount *(Check and complete **Section 3A** or **3B**.)*

A. ☐ **Entire balance.** Once the transfer is completed, the original Account will be closed.

B. ☐ **Partial balance.** Indiana529 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.)*
	$ ___,___.__		☐
	$ ___,___.__		☐
	$ ___,___.__		☐

C. ☐ **Transfer type.** If an option is not selected below, the transfer amount will be allocated according to the receiving 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 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.)*

4. SIGNATURE AND AUTHORIZATION

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:

- I certify that all of the information provided by me on this form is true, complete and correct.
- If changing the Account Owner, the new Account Owner will submit an **Enrollment Form** along with this form, unless he/she already maintains an Account for the Beneficiary.
- If changing the Beneficiary, I agree to the same representations, warranties, and agreements for my new Beneficiary as were stated in the original Enrollment Form completed for my current Beneficiary. I understand that my existing banking information and Successor Account Owner information, if any, will be copied to the new Account.
- If I am participating in Recurring Contributions, I understand that my participation will be cancelled only if I transfer my entire Account balance to a new Account Owner and/or Beneficiary; otherwise my Recurring Contributions will continue in my original Account unless an **Automatic Investment/Electronic Bank Transfer From** accompanies this form.
- If I am making contributions by payroll direct deposit, I understand that my payroll contributions will continue into this Account, regardless of the amount transferred, unless I notify my employer that I want to stop or change the amount of my payroll direct deposit.
- If I am transferring my entire Account balance to another Account Owner, I request the cancellation of my Agreement with Indiana529 and the closure of my Account.

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

I certify that I am the Account Owner, or I have the authority to act as the Account Owner.

SIGNATURE

Signature of Account Owner

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm-dd-yyyy)*

Notarization - REQUIRED FOR CHANGES TO THE ACCOUNT OWNER OF AN EXISTING ACCOUNT

(Please note: notarization is not required if the Account Owner change is related to an UTMA/UGMA account where the Beneficiary has reached the age of majority).

Your signature must be notarized. See below.

Before me, a Notary in and for _____, _____ this document was
County State

acknowledged before me on _____ by _____ who certifies the
Full Date Current Account Owner

correctness of the signature above.

SIGNATURE

Signature of Notary

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

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Name of Notary *(first, middle initial, last)*

My commission expires:

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

Notary to place seal here

Applies to signature in Section 4.

Indiana529 **Direct** Savings Plan