Maryland Senator Edward J. Kasemeyer College Investment Plan

Transfer Due to Death of Account Owner Form

Maryland529

- Use this form to change the ownership of an Account due to the death of the original Account Owner/Custodian.
- Complete this form for each new Account Owner/Custodian.
- **Successor Account Owner/Custodian On File:** If the Account Owner/Custodian of an Account is deceased, and there is a Successor Account Owner/Custodian on file, the Successor requests the transfer of ownership. Please include a death certificate for the deceased Account Owner/Custodian if one is not already on file. **Note:** If your Account is an UTMA/UGMA Account, the Successor Custodian is only acting in this capacity until the Beneficiary has reached the age of termination.
- **No Successor Account Owner/Custodian On File:** If the Account Owner/Custodian of an Account is deceased, and a Successor Account Owner/Custodian was not designated, the executor of the decedent's estate is responsible for naming a new Account Owner/Custodian. Please include a death certificate for the deceased Account Owner/Custodian as well as documentation appointing the executor.
- If the new Account Owner/Custodian does not already have an Account for the Beneficiary, the new Account Owner/Custodian must establish an 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 mailing address listed. Do not staple.

1.888.4MD.GRAD (463.4723), Option 1
Monday - Friday 8:00 a.m. to 8:00 p.m. ET

www.Maryland529.com

Regular mailing address:
Maryland College Investment Plan
PO BOX 55913
Boston, MA 02205-5913

Overnight mailing address:
Maryland College Investment Plan
95 Wells Ave, Suite 160
Newton, MA 02459

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Description.

1. Current Account Information

Deceased Account Owner/Custodian *(First name)* *(M.I.)*

Deceased Account Owner/Custodian *(Last name)*

Last 4 Digits of Social Security Number OR Account Number —

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

Beneficiary *(Last name)*

2. Transfer Instructions

☐ **Transfer to Successor Account Owner/Custodian — Section 3**

☐ **Transfer to Account Owner/Custodian Named by Executor — Sections 4 & 5**
(This is only required if there is no Successor on file and, therefore, the executor of the decedent's estate will be naming a new Account Owner/Custodian)

MD TRANSFER DUE TO DEATH

3. Transfer to Successor Account Owner/Custodian

A. **Successor Information**

Successor Account Owner/Custodian *(First name)* *(M.I.)*

Successor Account Owner/Custodian *(Last name)*

Please check one box:

☐ **The new Account Owner already has an account for this Beneficiary.** *(Please provide account number.)*

—

Existing Account Number

☐ **A new Account will be established for this Beneficiary**. *(Please include an **Account Application** with this form.)*

B. **Investment Instructions**

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 assets to the receiving Account without a change in the currently held investment(s) or future allocations.)*

☐ I want to transfer and allocate the assets according to the new Account's current allocations 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 for future contributions on the new Account.)*

4. Naming of New Account Owner/Custodian by Executor *(Only required if no Successor on file)*

A. **Executor Information**

Please remember to include the documentation appointing the executor of the decedent's estate.

Executor's First Name *(M.I.)*

Executor's Last Name

B. **New Account Owner/Custodian Information**

New Account Owner's/Custodian's First Name *(M.I.)*

New Account Owner's/Custodian's Last Name

5. Transfer to New Account Owner/Custodian *(As named by executor in **Section 4B**)*

To be completed by New Account Owner/Custodian

A. **Receiving Account Information**

Please check one box:

☐ **The new Account Owner already has an account for this Beneficiary.** *(Please provide account number.)*

☐☐☐☐☐☐☐☐☐ – ☐☐
Existing Account Number

☐ **A new Account will be established for this Beneficiary**. *(Please include an **Account Application** with this form.)*

B. **Investment Instructions**

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 assets to the receiving Account without a change in the currently held investment(s) or future allocations.)*

☐ I want to transfer and allocate the assets according to the new Account's current allocations 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 for future contributions on the new Account.)*

6. Signature — YOU MUST SIGN BELOW

The Successor Account Owner/Custodian or the new Account Owner/Custodian named by the Executor must sign below in part A.

As the Successor Account Owner/Custodian, I certify that the information provided in this form is true and complete in all respects. I agree to accept the transfer of assets from the deceased Account Owner's Account to an Account registered in my name.

A. Successor Account Owner

SIGNATURE ☐☐ – ☐☐ – ☐☐☐☐
Signature of Successor Account Owner — Date *(mm-dd-yyyy)*

The Executor of the deceased Account Owner's/Custodian's Estate must sign below, if applicable.

As the Executor of the deceased Account Owner's/Custodian's Estate, I certify that the information provided in this form is true and complete in all respects. I certify that I am authorized to act on behalf of the deceased Account Owner's estate.

B. Executor of the decedent's estate

SIGNATURE ☐☐ – ☐☐ – ☐☐☐☐
Signature of Executor of the decedent's estate — Date *(mm-dd-yyyy)*

Please only fill out below if you will need your original legal documents returned: *(Optional)*

Recipient First Name — *(M.I.)*

Recipient Last Name

Mailing Address

City — State — Zip Code