

Michigan Education Savings Program Transfer Due to Death of Account Owner Form



- Use this form to transfer the Account Ownership due to death.
- Complete this form for each new account owner.
- **Successor Account Owner On File:**
The owner of an individual 529 account is deceased, a Successor Account Owner is designated for the account specified, and transfer of ownership is requested by Successor Account Owner. Please include death certificate for the deceased Account Owner if one is not already on file.
- **No Successor Account Owner On File:**
The owner of an individual 529 account is deceased, no Successor Account Owner is designated, and transfer of ownership is being requested by the executor of the decedent's estate. Please include death certificate for the deceased Account Owner as well as executor of estate documentation.
- If the new Account Owner does not already have an account for the Beneficiary, the new Account Owner must establish an account.
 - New accounts can be established online at **misaves.com** or with a mailed **Account Application**, or if opening an Entity or Trust Account by completing the **Account Application for an Entity Account, however** trust accounts must be opened via a mailed **Account Application For an Entity Account**. Print clearly, preferably in capital letters and black ink.

1.877.861.6377
Monday to Friday 8 a.m. - 8 p.m. ET

www.misaves.com

Regular mailing address:
Michigan Education Savings Program
P.O. Box 55451
Boston, MA 02205-5451

Overnight mailing address:
Michigan Education Savings Program
95 Wells Avenue, Suite 155
Newton, MA 02459

To request assistance in completing this form call us at **1.877.861.6377**, Monday through Friday from 8 a.m. - 8 p.m. ET.

1. Current Account Information

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

Deceased Account Owner (Last name)

____ or _____ - ____
Last 4 Digits of Social Security Number Account Number

Please list Beneficiary name and corresponding 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

Existing Account Number

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

Capacity of Requestor (Please choose one):

Successor Account Owner

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 accordingly 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 selected assets over to the receiving account without a change in currently held investment allocations(s).)

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. Signature — YOU MUST SIGN BELOW

The Successor Account Owner or Executor of the deceased Account Owner's Estate must sign below.

As the Successor Account Owner, or Executor of the deceased Account Owner's Estate, I certify that the information provided in this form is true and complete in all respects.

New Account Owner's First Name

New Account Owner's Last Name

SIGNATURE
Signature of New Account Owner

Date (mm-dd-yyyy)

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

Recipient First Name

Recipient Last Name

Mailing Address

City State Zip