

MOST—Missouri's 529 Education Plan

Beneficiary Change Form



- Complete this form to transfer some or all account assets from the current beneficiary to a new beneficiary.
- **Important:** The new beneficiary must be a family member of the current beneficiary as defined in the Program Description, Privacy Policy, and Participation Agreement. Otherwise, the change will be considered a nonqualified withdrawal, and the earnings will be subject to federal income tax and a 10% federal penalty tax, as well as state and local income taxes.
- Print clearly in capital letters and use black ink.

Download forms from our website at missourimost.org, or order them by calling us at **888-414-MOST** (888-414-6678) Monday through Friday, from 7 a.m. to 8 p.m., Central time. Return this form in the enclosed postage-paid envelope, or mail to **MOST—Missouri's 529 Education Plan, P.O. Box 219212, Kansas City, MO 64121-9212**. For overnight delivery or registered mail, send to **MOST—Missouri's 529 Education Plan, 1001 E 101st Terrace, Suite 200, Kansas City, MO 64131**.

1. Current Account Information

Account Number

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Telephone Number of Account Owner

Name of Account Owner *(first, middle initial, last)*

Name of Current Beneficiary *(first, middle initial, last)*

2. New Beneficiary Information

Note: If the new beneficiary isn't an eligible family member of the current beneficiary, this change will be treated as a nonqualified withdrawal and will be subject to federal income tax.

Name of New Beneficiary *(first, middle initial, last)*

Social Security Number or Individual Taxpayer ID Number

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Birth Date *(month, day, year)*

Citizenship *(If new beneficiary isn't a U.S. citizen, indicate country of citizenship):*

REMEMBER TO SIGN IN SECTION 6.



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

- A. ☐ **Entire balance.** The plan will transfer all of the assets from the account you indicated in **Section 1** to an account for the new beneficiary you named in **Section 2**. The account indicated in **Section 1** will be closed. **Note:** If the amount you want to transfer to the new beneficiary exceeds the maximum contribution limit—or if the amount of your transfer causes the combined balance of all 529 accounts sponsored by the State of Missouri for the new beneficiary to exceed the maximum contribution limit—the excess will remain in the account you indicated in **Section 1** for your current beneficiary (the account will remain open).

Do you already have an account for the new beneficiary? *(Check one.)*

☐ **Yes.**
Account Number

☐ **No.** *(Complete all remaining sections.)*

- B. ☐ **Partial balance.** The plan will keep your account open for the current beneficiary. The dollar amount or percentage you specify below will be transferred to the new beneficiary's account. **Note:** If you're invested in more than one investment option, the dollar amount or percentage will be taken on a proportional basis from each investment option. If the amount you want to transfer to the new beneficiary exceeds the maximum contribution limit—or if the amount of your transfer causes the combined balance of all 529 accounts sponsored by the State of Missouri for the new beneficiary to exceed the maximum contribution limit—the excess will remain in the account you indicated in **Section 1** for your current beneficiary (the account will remain open).

\$ **OR** %
Dollar Amount Percentage

Do you already have an account for the new beneficiary? *(Check one.)*

☐ **Yes.**
Account Number *(Skip to Section 6.)*

☐ **No.** *(Complete all remaining sections.)*

4. Investment Selection *(Check only one.)*

For more information about your investment options, refer to the Program Description, Privacy Policy, and Participation Agreement (available at missourimost.org) or call us at **888-414-MOST** (888-414-6678).

☐ **I want to keep the same investment options for my new beneficiary.** If you're invested in an age-based option designed for saving for higher-education expenses and your new beneficiary isn't in the same age bracket as your current beneficiary, your asset allocation may change.

☐ **I want to establish a new investment allocation for this account.** You can choose up to five investment options, each with an allocation of 5% or more, for a total of 100% (use whole percentages only).

Age-Based Options—Designed for Higher Education

Aggressive Age-Based Option

 %

Moderate Age-Based Option

 %

Conservative Age-Based Option

 %**Individual Portfolios****Stock Portfolios:**

Vanguard® Aggressive Growth Portfolio

 %

Vanguard Total Stock Market Index Portfolio

 %

Vanguard Total International Stock Index Portfolio

 %

DFA U.S. Large Cap Value Portfolio

 %

DFA U.S. Small Cap Portfolio

 %

DFA U.S. Core Equity 1 Portfolio

 %

DFA International Core Equity Portfolio

 %**Balanced Portfolios:**

Vanguard Growth Portfolio

 %

Vanguard Moderate Growth Portfolio

 %

Vanguard Conservative Growth Portfolio

 %

Vanguard Income Portfolio

 %**Bond Portfolios:**

Vanguard Conservative Income Portfolio

 %

Vanguard Total Bond Market Index Portfolio

 %

Vanguard Total International Bond Index Portfolio

 %

DFA Two-Year Global Fixed Income Portfolio

 %**Short-Term Reserves Portfolio:**

Vanguard Interest Accumulation Portfolio

 %**TOTAL** **100** %**Please remember to:**

- Choose no more than five investments.
- Allocate at least 5% to each investment you choose.
- Use whole numbers.
- Sign in **Section 6**.

5. Successor Account Owner Information *(optional)*

- Don't complete this section if the account owner is a trust.
- You may revoke or change the successor account owner at any time. Refer to the Program Description, Privacy Policy, and Participation Agreement for more information.
- You can have only one successor account owner per account, and he or she must be 18 years of age or older and a U.S. citizen or resident alien.

Name of Successor Account Owner *(first, middle initial, last)*

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Birth Date *(month, day, year)*

6. Authorization—YOU MUST SIGN BELOW

By signing below, I agree to the following terms and conditions:

- I certify that I have received and read the MOST—Missouri's 529 Education Plan Program Description, Privacy Policy, and Participation Agreement, and the Privacy Policy of Ascensus College Savings Recordkeeping Services, LLC. I understand that by signing this Beneficiary Change Form, I am also signing and agreeing to be bound by the terms and conditions of the Program Description, Privacy Policy, and Participation Agreement. I understand that this Beneficiary Change Form shall be construed, governed, and interpreted in accordance with the laws of the State of Missouri.
- Except as set forth below, I understand that the Program Description, Privacy Policy, and Participation Agreement constitutes the entire agreement between the account owner and MOST 529. No person is authorized to make an oral modification to this agreement.
- I understand that I may incur federal and state income taxes, penalty taxes, federal gift tax, estate tax, or generation-skipping transfer tax as a consequence of certain activities, including terminating my account or changing my beneficiary to an ineligible person. (Account owners should seek advice from a qualified tax advisor.)
- I understand that contributions to MOST 529 are not insured and that the investment returns are not guaranteed by the Federal Deposit Insurance Corporation, The Vanguard Group, Inc., Dimensional Fund Advisors LP, or their respective affiliates, Ascensus College Savings Recordkeeping Services, LLC, or their respective affiliates, the State of Missouri, or any other government or government agency. I understand that contributions will be invested under the direction of the Treasurer of State and there is no assurance that the accounts under MOST 529 will generate any specific rate of return; in fact, there is no assurance that the accounts will not decrease in value.
- **I agree to the terms of the predispute arbitration clause as described in The Program Description, Part 10. Arbitration.**
- I certify that the information provided on this form is true and accurate and that I am bound by the terms, rights, and responsibilities stated in this Beneficiary Change Form and by any and all statutory, administrative, and operating procedures that govern MOST 529.



Signature of Account Owner *(If the account owner is a minor, the parent or guardian of record must sign.)*

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Date *(month, day, year)*