

MOST—Missouri's 529 Education Plan

Change of Ownership Form



- Use this form to transfer all or part of your account balance to a new account owner. Once the transfer is complete, the new account owner will control the account and the disposition of all assets held in the account. If you'd like to transfer ownership of more than one account, please complete a MOST—Missouri's 529 Education Plan Change of Ownership Form for each account.
- **Important:** If the new account owner doesn't already have an account for the beneficiary, he or she must also submit an Enrollment Application.
- You must have the current account owner's signature notarized. Don't sign this form until you're in the presence of a notary public.
- Don't use this form if the current account owner has died. Call one of our specialists at the number below for personal assistance.

Forms can be downloaded from our website at www.missourimost.org. Or you can call us toll-free to order any form at **888-414-MOST** (888-414-6678) on business days from 7 a.m. to 8 p.m., Central time. Return this form and any other required documents 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, 920 Main Street, Suite 900, Kansas City, MO 64105-2017**.

1. Current Account Owner Information

Account Number

Name of Beneficiary

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

Last Four Digits of Social Security Number or Other Taxpayer ID Number

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Daytime Telephone Number

Evening Telephone Number

REMEMBER TO SIGN IN SECTION 4.



2. New Account Owner Information

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

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Birth Date or Trust Date *(month, day, year)*

Last Four Digits of Social Security Number or Other Taxpayer ID Number

Does the new account owner have an existing account for the beneficiary listed in **Section 1**? *(Check one.)*

 Yes.

Account Number

No. The new account owner must complete an Enrollment Application.

3. Transfer Amount

- A. **Entire balance.** The plan will close the account you indicated in **Section 1** and will transfer all of the assets to an account for the new account owner. If you have a recurring contribution established on your account, it'll be stopped; if you currently have payroll deduction, you must notify your payroll department.
- B. **Partial balance.** The plan will keep your account open. The dollar amount or percentage you specify below will be transferred to the new account. **Note:** If you're invested in more than one investment option, the dollar amount or percentage will be taken out on a proportional basis from each investment option. If you indicate a percentage, it'll be determined based on the current market value.

\$

Dollar Amount

OR

%

Percentage

4. Authorization—YOU MUST SIGN BELOW

Note: Don't sign below until you're in the presence of a notary public.

I certify that the information provided in this form is true and complete in all respects.

Name of Current Account Owner (or authorized person)

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Signature of Current Account Owner

Date (month, day, year)

(Your signature must be notarized. See below. We can't accept a signature guarantee in place of a notary's seal.)

STATE OF _____)

) ss.:

COUNTY OF _____)

This document was acknowledged before me on _____ (date) by _____ (name of account owner), who certifies the correctness of the signature of the account owner.

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Signature of Notary Public

Date (month, day, year)

Notary Public's Name (first, middle initial, last)

My commission expires:

 / /

Date (month, day, year)

Notary to Place Seal Here

