

# MOST—Missouri's 529 Education Plan **Transfer Due to Death of Account Owner Form**



- Use this form to transfer ownership of an Account due to death of the Account Owner.
- Complete this form for each new account owner.

- **Successor Account Owner/Custodian On File:**

The owner of an individual 529 account is deceased, a Successor Account Owner/Custodian is designated for the account specified, and transfer of ownership is requested by Successor Owner/Custodian. Please include 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:

The owner of an individual 529 account is deceased, no Successor Owner/Custodian 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/Custodian as well as executor of estate documentation.

- If the new Account Owner/Custodian does not already have an account for the Beneficiary, the new Account Owner/Custodian must establish an account.
  - New accounts can be established online at [www.missourimost.org](http://www.missourimost.org) or with a mailed **Enrollment Form**. Print clearly, preferably in capital letters and black ink.

Return this form and any other required documents 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.

To order any form or ask questions about the plan, please call us at **888-414-MOST (888-414-6678)** on business days from 7 a.m. to 8 p.m., Central time. Visit our website at [www.missourimost.org](http://www.missourimost.org).

## 1. Current Account Information

Deceased Owner/Custodian (First name)

(M.I.)

Deceased Owner/Custodian (*Last name*)

1, 2, 3, 4, 5, 6, 7, 8, 9, 10

Last 4 Digits of Social Security Number

**Beneficiary Name**

A horizontal row of fifteen empty square boxes, intended for children to draw a picture in each box.

**Account Number**

□ □ □ □ □ □ □ □ □ - □ □



**5. Signature — YOU MUST SIGN BELOW****Capacity of Requestor** (Please choose one): Successor Account Owner/Custodian Executor of the Decedent's Estate Other (Please specify) 

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

As the Successor Account Owner/Custodian, or 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.

(M.I.)

New Account Owner's/Custodian's First Name

(M.I.)

New Account Owner's/Custodian's Last Name

► **SIGNATURE**

Signature of New Account Owner/Custodian

 -   -    

Date (mm/dd/yyyy)