

MOST
MISSOURI'S 529 EDUCATION PLAN

- 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**.

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Check the box that describes your role (*choose one*)

☐ Successor account owner on file ☐ Executor of account owner's will ☐ Administrator of account owner's estate

If you are the successor account owner on file, enter your information below. If you are the executor or an administrator, enter the information for the individual who will become the new account owner below.

Account Owner/Custodian (First name) _____ (M.I.) _____

Account Owner/Custodian (last name)

Please check one box:

☐ **An Account for this Beneficiary exists for this new Account Owner/Custodian.** *(Please provide account number.)*

Existing Account Number

☐ **A new Account will be established for this Beneficiary.** (Please include a new **Enrollment Form** with this form.)

- **If a successor Account Owner is on file**

- Attach a certified copy of the Account Owner's death certificate.

- **If no successor Account Owner is on file**

- Copy of a Certified Letter of Testamentary or Certified Letter of Administration to verify the authority of the individual completing this form.

Note: Original certification must be within 60 days of the transfer. If more than 60 days have passed, issuing authority must re-certify before submitting to the plan.

- If you would like the required documents returned to you, please provide a return address below.

Permanent Street Address (P.O. box or rural route number is **not** acceptable.)

City

State

Zip

If an option is not selected below, the transfer

If an option is not selected below, the transfer amount will be allocated according to the standing allocations in effect on the receiving Account at the time the transfer is made.

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 receiving Account’s standing 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.)

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.

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

[illegible]

➤ SIGNATURE

Signature of New Account Owner/Custodian

□□ — □□ — □□□□
Date (mm/dd/yyyy)