Future Path 529 Plan

Change of Ownership Form 52

Future Path
529 Plan →

- Use this form to transfer your **entire Account balance to a new Account Owner**. A transfer of control of an Account may result in adverse income or gift tax consequences. You should consult a qualified tax professional regarding the application of federal, state, and local tax law to your circumstances before transferring Ownership of an Account. 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 would like to transfer Ownership of more than one Account, please add Account number and Beneficiary's name for each Account below in **Section 1**.
- Important: If the new Account Owner does not already have an Account for the Beneficiary, he or she must also submit an Enrollment Application for each Beneficiary.
- 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.**
- Do not use this form if the current Account Owner is deceased. Instead, call **1-800-587-7305** for assistance.

Forms can be downloaded from our website at **www.futurepath529.com**, or you can call us to order any form — or request assistance in completing this form — at **1-800-587-7305** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to:

Future Path 529 Plan P.O. Box 55578 Boston, MA 02205-5578 For overnight delivery or registered mail, send to:

Future Path 529 Plan 95 Wells Avenue, Suite 155 Newton, MA 02459

1	Current Account	Owner	Information
	Cullell Account	OWIIGI	ınıvımanı

Account Number				
Name of Beneficiary (first, middle initial, last)				
Name of Current Account Owner (first, middle initial, last), Trust, or Business/Entity				
Last Four Digits of the Current Account Owner's Social Security Number or Other Taxpayer ID Number				
Daytime Telephone Number	Evening Telephone Number			

Note: If you are transferring Accounts for more than one Beneficiary, please write the additional Account Numbers and Beneficiary names on a separate sheet or complete a separate form for each Beneficiary.

REMEMBER TO SIGN IN SECTION 3.



2.

New Account Owner Information				
Legal Name of New Account Owner (first, middle initial, last), Trust, or Business/Entity				
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 Benefit	ciary(ies) listed in Section 1 ? (Check one.)			
No. The new Account Owner must complete an Enrollmen	at Application.			
Yes. Account Number — —	The Units will transfer based on the new Account Owner's portfolio allocation.			
Account Number				
Account Number — —				
B	A 1 (1 D C (1)			

Remember: You must include a Future Path 529 Plan Enrollment Application for each Beneficiary if the new Account Owner does not currently have an existing Account for the Beneficiary.

3. Authorization—THE CURRENT AND NEW ACCOUNT OWNERS MUST SIGN BELOW

Note: Do not sign below until you are in the presence of a notary public. ■ As current Account Owner: I certify that Future Path 529 Plan is authorized to close the Account(s) I indicated in Section 1 and transfer all of the assets to an Account for the new Account Owner named in Section 2. I understand that if I have an Automatic Investment Plan (AIP) established on the Account, it will be stopped. If I contribute to the Account by payroll direct deposit, I must notify my payroll department of the change. As current Account Owner: I certify that the information provided in this form is true and complete in all respects. Please provide all information, including the date of each signature. The effective date for all signatures must be on the same day. Name of Current Account Owner (first, middle initial, last), Trust, or Business/Entity Signature of Current Account Owner, Trustee, or Authorized Individual Date (month, day, year) As new Account Owner: I certify that the information provided in this form is true and complete in all respects. Name of New Account Owner (first, middle initial, last), Trust or Business/Entity Signature of New Account Owner, Trustee or Authorized Indivdual Date (month, day, year) (Your signature must be notarized. See below. We are not able to accept a signature guarantee in place of a notary's seal.)) ss.: COUNTY OF This document was acknowledged before me on ____ ___ (Month, Day, Year) by ___ (name of current Account Owner), who certifies the correctness of this signature. **Signature of Notary Public** Date (month, day, year) Notary Public's Name (first, middle initial, last) My commission expires: **Notary to Place Seal Here** Date (month, day, year) Applies to Current Account Owner signature in Section 3.

J.P.Morgan