Oklahoma 529

Transfer Form

Oklahoma529℠

Instructions

- Please read the Oklahoma 529 Plan Description before changing the Account Owner and/or Beneficiary on a Plan Account. You may also wish to consult with your financial, legal and/or tax advisor before completing this form.
- *If a change of Account Owner or Beneficiary is requested*, and the new account does not yet exist, the new account may established online, or by calling the Plan to obtain a paper version of the **Account Application**, to submit along with this **Transfer Form**.
- A new account number will be assigned to the Account opened for the new Account Owner and/or Beneficiary, unless an Account already exists for that Account Owner/Beneficiary and the existing number is provided below.
- A Notary is required in **Section 4** for changes of Account Owner for existing accounts. (If using this form to transfer a UTMA/UGMA to a former Minor, a Notary is not required).
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Plan at the above address.

1.877.654.7284
Monday to Friday 7 a.m. – 7 p.m. CT

www.oklahoma529.com

Regular mailing address:
Oklahoma 529
P.O. Box 219249
Kansas City, MO 64121-9249

Overnight mailing address:
Oklahoma 529
920 Main Street, Suite 900
Kansas City, MO 64105-2017

Important: To avoid adverse tax consequences on the Account transfer, the new Beneficiary must be a Member of the Family of the former Beneficiary, as defined in the Oklahoma 529 Plan Description, and as described in Section 529 of the Internal Revenue Code. If the new Beneficiary is not an eligible family member, the change will be considered a Non-Qualified Withdrawal, which means that it may be subject to both state and federal income tax and an additional 10% federal penalty tax on any earnings. A change of Beneficiary is not permissible for custodial accounts opened under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA).

To request assistance in completing this form call us at **1.877.654.7284**, Monday through Friday from 7 a.m. – 7 p.m. CT.

Transfer Instructions

☐ **Change of Account Owner** *(Same Beneficiary)*

☐ **Change of Account Owner and Change of Beneficiary** *(Different Account*

☐ **Change of Beneficiary** *(Same Account Owner) Owner and Different Beneficiary)*

1. Current Account Information

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Account Number ***(Required)***

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Account Owner Social Security Number *(Last four digits **Required**)*

Account Owner *(First name)* ***(Required)*** *(M.I.)*

Account Owner *(Last name)* ***(Required)***

Beneficiary *(First name)* ***(Required)*** *(M.I.)*

Beneficiary *(Last name)* ***(Required)***

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Beneficiary Social Security Number *(Last four digits **Required**)*

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Telephone Number

* OK TRANSFER *

2. Receiving Account

Account Number ***(Required)*** *(If account is already established)*

Account Owner Social Security Number *(Last four digits **Required**)*

Account Owner *(First name)* ***(Required)*** *(M.I.)*

Account Owner *(Last name)* ***(Required)***

Beneficiary *(First name)* ***(Required)*** *(M.I.)*

Beneficiary *(Last name)* ***(Required)***

Beneficiary Social Security Number *(Last four digits **Required**)*

Telephone Number

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

A. ☐ **Entire balance.** Once the transfer is completed, the original Account will be closed.

B. ☐ **Partial balance.** Oklahoma 529 will keep the Account for the current Beneficiary open. The dollar amount you specify below will be transferred to the Account for the receiving Beneficiary identified in **Section 2**.

Name of Investment Option	**Dollar amount** *(For partial amounts.)*	**OR**	**Total balance** *(Check if applicable.)*
	$		☐
	$		☐
	$		☐

C. ☐ **Transfer type.** If an option is not selected below, the transfer amount will be allocated according to the receiving Account's existing allocation for future contributions.

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 the currently held investment allocation(s).)

☐ I want to transfer and allocate the assets according to the receiving Beneficiary's current allocations for future contributions. *(By selecting this option, the current investments will be liquidated, and the funds will be deposited into the Receiving Beneficiary's Account according to the allocation for future contributions on the new Beneficiary's Account.)* This is where the transfer is going to different investment options.

4. SIGNATURE AND AUTHORIZATION *(THIS SECTION MUST BE SIGNED FOR THIS CHANGE TO TAKE EFFECT.)*

By signing this form, I authorize the transfer of my Account to another Account Owner and/or to change the Beneficiary as indicated on this form. I acknowledge the following:

- I certify that all of the information provided by me on this form is true, complete and correct.
- If changing the Account Owner, the new Account Owner will submit an **Account Application** along with this form, unless he/she already maintains a Plan Account for the Beneficiary and I have provided the existing account number in **Section 2**.
- If changing the Beneficiary, I agree to the same representations, warranties, and agreements for my new Beneficiary as were stated in the original Plan Account Application for my current Beneficiary and I certify that the new Beneficiary is a "member of the family" of the current Beneficiary, as defined in Section 529 of the Internal Revenue Code. I understand that my existing banking information and Successor Account Owner information, if any, will be copied to the new account.
- If I am participating in Recurring Contributions, I understand that my participation in Recurring Contributions will be cancelled only if I transfer my entire Account balance to a new Account Owner and/or Beneficiary; otherwise my Recurring Contributions will continue in my original Account unless an **Account Features Form** accompanies this form.
- If I am making contributions by payroll direct deposit, I understand that my payroll contributions will continue into this Account, regardless of the amount transferred, unless I notify my employer that I want to stop or change the amount of my payroll direct deposit.
- If I am transferring my entire account balance to another Account Owner, I request the cancellation of my Participation Agreement and the closure of my Account.

If requesting a change of ownership, do not sign below until you are in the presence of the authorized notary providing the notary service.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner.

SIGNATURE

Signature of Account Owner

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Date *(mm-dd-yyyy)*

Notarization - REQUIRED FOR CHANGES TO THE ACCOUNT OWNER OF AN EXISTING ACCOUNT

(If using this form to transfer a UTMA/UGMA to a former Minor, a Notary is not required).

Your signature must be notarized. See below.

Before me, a Notary in and for ______________________ (County), ______________________ (State) this document was acknowledged before me on ______________________ (Full Date) by ______________________ (Current Account Owner) who certifies the correctness of the signature above.

SIGNATURE

Signature of Notary

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Date *(mm-dd-yyyy)*

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Name of Notary *(first, middle initial, last)*

My commission expires:

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Date *(mm-dd-yyyy)*

Authorized Officer to place stamp here

TIAA