



Scholars Choice® Beneficiary Change Form

- Use this form when changing the Beneficiary on your existing Scholars Choice 529 Account.
Note: This process will establish a new Account Number.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed. Do not staple.

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 Scholars Choice Program Disclosure Statement and Participation Agreement. If the new Beneficiary is not an eligible family member, the change will be considered a Non-Qualified Distribution, which means that it may be subject to both state and federal income tax and an additional 10% federal tax on any earnings.

Fillable forms can be downloaded at www.scholars-choice.com/forms, or call us to order any form — or request assistance in completing this form — at **1-888-5-SCHOLAR (1-888-572-4652)** Monday to Friday from 9 am to 10 pm ET.

1-888-5-SCHOLAR (1-888-572-4652)
Monday to Friday 9 am - 10 pm ET

www.scholars-choice.com/accountaccess

FAX 617-559-8940

Regular mailing address:
**Scholars Choice
P.O. Box 219372
Kansas City, MO 64121**

Overnight mailing address:
**Scholars Choice
920 Main Street, Suite 900
Kansas City, MO 64105**

1 Current Account Information

-
Account Number

- -
Telephone Number

Name of Account Owner (first, middle initial, last)

Name of Existing Beneficiary (first, middle initial, last)

- -
Existing Beneficiary's Social Security Number or Taxpayer Identification Number

2 Information for the New Beneficiary

Name of New Beneficiary (first, middle initial, last)

- -
Social Security Number or Taxpayer Identification Number **(Required)**

- -
Birth Date (mm/dd/yyyy) **(Required)**

Citizenship (If other than U.S. citizen, please indicate country of citizenship)



* SCHOLARS CHOICE BENE - CHANGE *

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

- A. **Entire balance.** Scholars Choice will change the Beneficiary on your Account and will assign you a new Account number for the new Beneficiary. Once the transfer is completed, the original Account will be closed.
- B. **Partial balance.** Scholars Choice 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	Unit Class	Dollar amount <i>(For partial amounts)</i>	OR	Total balance <i>(Check if applicable)</i>
<input style="width: 100%;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		<input style="width: 30px; height: 20px;" type="text"/>
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4 Transfer Type

If an option is not selected below, the transfer amount will be allocated according to the receiving Account’s existing Investment Option allocation.

Check One.

- I want to transfer the assets in-kind. (An “in-kind” transfer will move the selected assets over to the receiving account exactly as they are from the delivering account)
- I want to redeem and transfer the proceeds into the receiving Beneficiary’s new Investment Option allocations selected in **Section 5**.

5 Investment Option Selection

- Before choosing your Investment Option, see the Scholars Choice Program Disclosure Statement and Participation Agreement (available at www.scholars-choice.com/pds) for complete information about the Investment Options offered.

Automatic Allocation Options*

- Age-Based Option %
- Years to Enrollment Option %

Note: Enrollment cannot be more than 12 years from the date of this form.

- Must enter expected year of beneficiary’s enrollment in eligible educational institution:

Static Multi-Fund Options**

- Scholars Choice 529 All Equity %
- Scholars Choice 529 Equity 80% %
- Scholars Choice 529 Balanced 50/50 %
- Scholars Choice 529 Fixed Income 80% %
- Scholars Choice 529 All Fixed Income %
- Scholars Choice 529 Cash Reserve %

Individual Fund Options**

- Scholars Choice 529 U.S. Aggressive Equity %
- Scholars Choice 529 U.S. Core Equity %
- Scholars Choice 529 U.S. Small Cap Equity %
- Scholars Choice 529 International Equity %
- Scholars Choice 529 Global Fixed Income %

Total **1****0****0** %

* The asset allocation of money invested in the Automatic Allocation Options are automatically adjusted over time to become more conservative as the beneficiary approaches age of matriculation.

** The assets will remain in the portfolio you select until you exchange them into a new Investment Option.

- I understand that participation in Scholars Choice does not guarantee that contributions and the investment return on contributions, if any, will be adequate to cover tuition and other higher education expenses or that a Beneficiary will be admitted to or permitted to continue to attend an Eligible Educational Institution.
- I intend to use my Account solely to pay the qualified education expenses of the Beneficiary.
- I understand that by signing this **Beneficiary Change Form**, I am authorizing Scholars Choice and its service providers, including the Program Manager, to provide my Financial Professional with access to my Account. I agree to hold harmless Scholars Choice from any claims I make and/or losses I incur as a result of the acts or omissions of my Financial Professional.
- If I have chosen the Recurring Contributions option, I authorize Scholars Choice and its designees, upon telephone, online, or in writing, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, and to accept any such credits or debits to my Account without responsibility as to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that Scholars Choice not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying Scholars Choice and the bank by telephone or in writing, and that the termination request will be effective as soon as Scholars Choice and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 10F** of my original **Enrollment Form**.
- To the best of my knowledge, each contribution to my Account, when added to the value of all other Accounts established for the same Beneficiary in Scholars Choice issued by the State of Colorado will not cause the aggregate balances in such Accounts to exceed the Maximum Contribution Limit then in effect or the cost in current dollars of qualified higher education expenses that I reasonably anticipate the Beneficiary will incur.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is funded with UGMA/UTMA assets, I further certify that I am the Parent/Guardian/Custodian of the Account.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request and that I am authorized to open an Account for the Beneficiary named in **Section 2**. I agree to promptly inform Scholars Choice in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that Scholars Choice has the right to terminate the entity's participation in the Program if it has reasonable grounds to believe that any of the foregoing certifications is untrue.
- I certify that the receiving Beneficiary is a "member of the family" of the current Beneficiary listed in **Section 1**. I understand that transfers not meeting this condition may result in the earnings portion of the transfer being considered a Non-Qualified Distribution subject to both state and federal income tax as well as an additional 10% federal tax.

SIGNATURE

Signature of Account Owner (**Required**)

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Date (mm/dd/yyyy)

An investor should consider the Program's investment objectives, risks, charges and expenses before investing. The Program Disclosure Statement and Participation Agreement (www.scholars-choice.com/pds) contains more information and should be read carefully before investing. If an investor and/or an investor's beneficiary are not Colorado taxpayers, they should consider before investing whether their home states offer 529 plans that provide state tax and other benefits such as financial aid, scholarship funds and protection from creditors that are only available to state taxpayers investing in such plans.

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