Scholars Choice Education Savings Plan®

Transfer Form



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Instructions

- Please read the Scholars Choice Education Savings Plan Description before changing the Account Owner and/or Beneficiary on a Plan Account. You may also wish to consult with your financial professional, 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 call 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.

1-888-5-SCHOLAR (1-888-572-4652) Monday to Friday 9:00 a.m. - 10:00 p.m. ET

scholars-choice.com

Regular mailing address: **Scholars Choice**

PO Box 219372 Kansas City, MO 64121

Overnight mailing address:

Scholars Choice 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

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 Education Savings 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 1-888-5-SCHOLAR (1-888-572-4652), Monday through Friday from 9:00 a.m. - 10:00 p.m. ET.

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Change of Account Owner (Same Beneficiary)	Change of Account Owner a Change of Beneficiary (Differ Owner and Different Beneficiary)		Change of Beneficiary (Same Account Owner)						
Current Account Information	n								
Account Number (Required)		Account Owner Social Securit	ty Number (<i>Last four digits Required)</i>						
Account Owner (First name) (Required)			(M						
Account Owner (Last name) (Required)									
Beneficiary (First name) (Required)									
Beneficiary (Last name) (Required)									
Beneficiary Social Security Number (Last for	ır digits Required)	Telephone Number							



Account N						_] —							L															
.socurie I	Number <i>(Re</i>	quired) (If a	ccoun	t is alr	eady e	stablisi	hed)					Α	CCOL	unt O	wne	So	cial S	Seci	ırity	Nu	mber	(Las	t fou	r dig	its R	Requir	ed)
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Account C	Owner (Last	name)	Req	uired,																								
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Beneficiar	ry (Last nam	e) (Rec	uire	d)																								
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Beneficia	ry Social Se	curity I	lumb	er <i>(La</i> :	st four	digits I	Requi	red)					T	elep	hone	Nun	ı ıber											
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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.

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

- 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.

SIGNATURE		
Signature of Account Owner		Date (mm-dd-yyyy)
Notarization - REQUIRED FOR CHANGES (Please note: notarization is not required if the Accourreached the age of majority).		
Your signature must be notarized. See below.		
Before me, a Notary in and for County		this document was
acknowledged before me on Full Date	by Current Account Ow	who certifies the
correctness of the signature above.		
SIGNATURE Signature of Notary		Date (mm-dd-yyyy)
Name of Notary (first, middle initial, last)		
My commission expires:		Authorized Officer to place stamp here
Date (mm-dd-yyyy)		Authorized Officer to place Stainp here

