Scholars Choice Education Savings Plan®

Transfer Due to Death of Account Owner Form

Scholars Choice
EDUCATION SAVINGS PLAN BY COLLEGEINVEST

- Use this form to transfer the Account Ownership due to death.
- Complete this form for each new Account Owner.
- **Successor Account Owner On File:**
  The owner of an individual 529 account is deceased, a Successor Account Owner is designated for the account specified, and transfer of ownership is requested by Successor Account Owner. Please include death certificate for the deceased Account Owner if one is not already on file.
- **No Successor Account Owner on File:**
  The owner of an individual 529 account is deceased, no Successor Account Owner is designated, and the transfer of ownership is being requested by the executor of the decedent's estate. Please include death certificate for the deceased Account Owner as well as executor of estate documentation.
- If the new Account Owner does not already have an account for the Beneficiary, the new Account Owner must establish an account.
  - New accounts can be established with a mailed **Account Application,** or if opening an Entity or Trust Account by completing the **Account Application for an Entity Account.** Print clearly, preferably in capital letters and black ink.

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

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.

1. Current Account Information

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

Deceased Account Owner *(Last name)*

Last 4 Digits of Social Security Number or Account Number

Please list Beneficiary name and corresponding account number below.

Beneficiary Name **Account Number**

SCHOLARS CHOICE TRANSFER DUE TO DEATH

2. New Account Information

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

Account Owner *(Last name)*

Telephone Number

Please check one box:

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

Existing Account Number

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

Capacity of Requestor *(Please choose one)*:

☐ Successor Account Owner

☐ Executor of the Decedent's Estate

☐ Other *(Please specify)*

3. Transfer Type

If an option is not selected below, the transfer amount will be allocated according to the new 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 currently held investment allocation(s).)

☐ I want to transfer and allocate the assets according to the new Account's current 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.)* This is where the transfer is going to different investment portfolios, and will stay in the same share class.

4. Signature — YOU MUST SIGN BELOW

The Successor Account Owner or Executor of the deceased Account Owner's Estate must sign below.

As the Successor Account Owner, or Executor of the deceased Account Owner's Estate, I certify that the information provided in this form is true and complete in all respects.

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

New Account Owner's Last Name

SIGNATURE

Signature of New Account Owner

Date *(mm-dd-yyyy)*

Please only fill out below if you will need your original legal documents returned: *(Optional)*

Recipient First Name *(M.I.)*

Recipient Last Name

Mailing Address

City

State

Zip Code

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A TIAA Company

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