Scholar's Edge®

Transfer Form



- Use this form if you are transferring to a different Account Owner.
- If you are the new Account Owner and you do not already have an account open, please complete an **Enrollment Form** and submit with this **Transfer Form**.
- 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 Scholar's Edge Plan Description 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 penalty tax on any earnings.

Forms can be downloaded from our website at **scholarsedge529.com**, or you can call us to order any form—or request assistance in completing this form—at **1.866.529.SAVE** (1.866.529.7283) Monday through Friday 8:00 a.m. to 7:00 p.m. MT.



scholarsedge529.com

FAX 617-559-8951

Regular mailing address:

Scholar's Edge PO Box 219798 Kansas City, MO 64121-9798

Overnight mailing address:

Scholar's Edge 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Transfer Instructions

	Please note: If you are transferring from Beneficiary to Beneficiary without changing the Account Owner, please use the Beneficiary Change Form which can be found at scholarsedge529.com.									
	Account Owner to Account Owner (Same Beneficiary)									
	Account Owner to Account Owner (Different Beneficiary)									
1.	Current Account Information									
	Account Number (Required)	Account Owner Social Security or Taxpayer Identification Number <i>(Required)</i>								
	Name of Account Owner (first, middle initial, last)									
	Name of Beneficiary (first, middle initial, last) (Required)									
	Beneficiary Social Security or Taypayer Identification Number (Required)	Telephone Number								



Account Number (If account is already established) Account Owner Social Security or Taxpayer Identification Number (Required) Name of Account Owner (first, middle initial, last) Name of New Beneficiary (first, middle initial, last) (Required) Beneficiary Social Security or Taxpayer Identification Number (Required) 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. Scholar's Edge will keep the Account for the current Beneficiary open. The dollar amount you specify be will be transferred to the Account for the receiving Beneficiary identified in Section 2. Dollar amount OR Total balance. Name of Investment Option S										_										٦.	_ [_ [
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4. SIGNATURE — YOU MUST SIGN BELOW

By signing below, I hereby acknowledge that:

- I have received and read this form and agree to the terms and conditions of the Scholar's Edge Plan Description and Participation
 Agreement, which governs all aspects of this Account and is incorporated herein by reference. I will retain a copy of each for my records.
- I certify that all of the information I have provided on this form is accurate and complete and that I am bound by the terms, rights and responsibilities stated in the Scholar's Edge Description and Participation Agreement and by any and all statutory, administrative and operating procedures that govern Scholar's Edge. Except as set forth below, I understand that the Scholar's Edge Plan Description and Participation Agreement, and Enrollment Form constitute the entire agreement between me and The Education Trust Board of New Mexico (the "Board") and the Education Plan Trust of New Mexico for which the Board acts as trustee. No person is authorized to make an oral modification to this agreement.
- I understand investments are not guaranteed or insured by the FDIC or any other governmental agency, and are not deposits or other obligations of any depository institution. Investments are not guaranteed or insured by Scholar's Edge, or the Plan Officials (as defined in the Scholar's Edge Plan Description and Participation Agreement) and are subject to investment risks including the loss of the principal amount invested.
- I understand that participation in Scholar's Edge does not guarantee that contributions and the investment return on contributions, if any, will be adequate to cover tuition and other education expenses or that a Beneficiary will be admitted to or permitted to continue to attend an Eligible Educational Institution or a private or religious elementary or secondary school.
- I intend to use my Account solely to pay the qualified education expenses of the Beneficiary.
- 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 529 plans issued by the State of New Mexico will not cause the aggregate balances in such Accounts to exceed the Maximum Account Balance then in effect or the cost in current dollars of qualified education expenses that I reasonably anticipate the Beneficiary will incur.
- If the Account is funded with UGMA/UTMA assets, I certify that I am of legal age in my state of residence, I am the Parent/Guardian/Custodian of the Account, and that I am authorized to open the Account.
- 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 penalty tax.

SIGNATURE	
Signature of Account Owner	Date (mm/dd/yyyy)

5. Medallion Signature Guarantee — REQUIRED FOR CHANGES TO THE ACCOUNT OWNER OF AN EXISTING ACCOUNT

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution.
 A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.
- If a Medallion Signature Guarantee is needed you cannot fax in this form.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Scholar's Edge Plan Description and Participation Agreement.

SIGNATURE	Authorized Officer to place stamp here
Signature of Current Account Owner (In the presence of the authorized officer.)	Authorized officer to place stallp here
Signature Guarantor	
]
Title	
]
Name of Institution	
Date (mm/dd/yyyy)	