WA529 Invest

Transfer Due to Death of Account Owner Form

- Use this form to transfer the WA529 Invest (Program) Account Ownership (or Custodianship on an UGMA/UTMA Account) due to death.
- Complete this form for each new Account Owner/Custodian.
- **Successor Account Owner/Custodian On File**
  If the Account Owner/Custodian of an Account is deceased, a Successor Account Owner/Custodian is designated for the Account specified, and transfer of ownership is requested by Successor Account Owner/Custodian, please include death certificate for the deceased Account Owner/Custodian if one is not already on file. **Note:** If your Account is an UTMA/UGMA Account, the Successor Custodian is only acting in this capacity until the Beneficiary has reached the age of UTMA/UGMA termination.
- **No Successor Account Owner/Custodian On File**
  If the Account Owner/Custodian of an Account is deceased, no Successor Account Owner/Custodian is designated, and transfer of ownership is being requested by the executor of the decedent's estate, please include death certificate for the deceased Account Owner/Custodian as well as executor of estate documentation.
- If the new Account Owner/Custodian does not already have an Account for the Beneficiary, the new Account Owner/Custodian must establish an Account.
  - New Accounts can be established online at **www.529invest.wa.gov** or with a mailed **Account Application,** or if opening an Entity or Trust Account by completing the **Account Application for an Entity Account**, ***however*** Trust Accounts must be opened via a mailed **Account Application for an Entity Account.** Print clearly, preferably in capital letters and black ink.

1-844-529-5845
Monday to Friday 8 a.m. - 7 p.m. PT

529invest.wa.gov

Regular mailing address:

WA529 Invest
PO Box 219072
Kansas City, MO 64121-9072

Overnight mailing address:

WA529 Invest
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

To request assistance in completing this form call us at **1-844-529-5845** Monday to Friday 8 a.m. - 7 p.m. PT.

1. Current Account Information

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

Deceased Account Owner/Custodian *(Last name)*

Last 4 Digits of Social Security Number or Individual Taxpayer Identification Number

or

Account Number —

Please list Beneficiary name and corresponding Account number below.

Beneficiary Name **Account Number**

2. New Account Information

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

Account Owner/Custodian *(Last name)*

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Please check one box:

☐ **An Account for this Beneficiary exists with this new Account Owner/Custodian.** *(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/Custodian

☐ 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 accordingly 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 allocations(s).)*

☐ I want to transfer and allocate the assets according to the new Account's current allocation instructions 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 instructions for future contributions on the new Account.)*

4. Signature — YOU MUST SIGN BELOW

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

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

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

New Account Owner's/Custodian's Last Name

SIGNATURE

Signature of New Account Owner/Custodian

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