# WA529 INVEST

1-844-529-5845

529invest.wa.gov

Regular mailing address:

Kansas City, MO 64121-9072

1001 E 101st Terrace, Suite 200

Overnight mailing address:

Kansas City, MO 64131

WA529 Invest

PO Box 219072

WA529 Invest

Monday to Friday 8 a.m. - 7 p.m. PT

#### WA529 Invest

## **Transfer Form**

#### Instructions

- Please read the WA529 Invest Program Details Booklet before changing the Account Owner and/or Beneficiary on an Account. You may also wish to consult with your financial, 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 be established online, or by calling WA529 Invest
  (Program) 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 Account(s).
   (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 Program at the above address.

**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 WA529 Invest Program Details Booklet, 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 1-844-529-5845. Monday to Friday 8 a.m. - 7 p.m. PT.

Change of Account Owner (Same Beneficiary)	Change of Account Owner and Change of Beneficiary (Different Account Owner and Different Beneficiary)						Change of Beneficiary (Same Account Owner)										
<b>Current Account Informatio</b>	n																
Account Number (Required)				Ac	ccoun	t Own	er Soc	ial Se	ecurity	/ Num	ber (l	Last fo	our dig	its <b>Re</b>	quire	d)	
Account Owner (First name) (Required)																	
Account Owner (Last name) (Required)																	
Beneficiary (First name) (Required)																	
Beneficiary (Last name) (Required)																	
Beneficiary Social Security Number or Individ	lual Taynayor			To	lonho	ne Nu		- [				_ [					



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	 ow, 1												ow, the transfer amount will be allocated according to the receiving

### 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.
- If changing the Account Owner, the new Account Owner will submit an **Account Application** along with this form, unless they already maintain a Program 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 Program 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 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.

I certify that I am the Account Owner, or I have the authority to $% \left\{ \left( 1\right) \right\} =\left\{ \left( 1\right) \right\} =\left\{$	act as the Account Owner.
SIGNATURE	
Signature of Account Owner	Date (mm-dd-yyyy)
<b>Notarization - REQUIRED FOR CHANGES TO THE ACCO</b> (Please note: notarization is not required if the Account Owner change is reached the age of majority).	
Your signature must be notarized. See below.	
Before me, a Notary in and for,	this document was
County	State
acknowledged before me on by by	who certifies the
correctness of the signature above.	int Account Owner
SIGNATURE	
Signature of Notary	Date (mm-dd-yyyy)
Name of Notary (first, middle initial, last)	
My commission expires:	A .1 10/5
	Authorized Officer to place stamp here
Date (mm-dd-yyyy)	

