Edvest College Savings Plan

Transfer Due to Death of Account Owner Form

EDVEST 529

Your Partner in Saving for Higher Education

- Use this form to transfer the 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:**
  The owner/custodian of an individual 529 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 termination.
- **No Successor Account Owner On File:**
  The owner/custodian of an individual 529 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 **Edvest.com** 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.

1.888.338.3789
Monday to Friday 7 a.m. – 9 p.m. CT

www.Edvest.com

Regular mailing address:
Edvest College Savings Plan
P.O. Box 219437
Kansas City, MO 64121-9437

Overnight mailing address:
Edvest College Savings Plan
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

To request assistance in completing this form call us at **1.888.338.3789**, Monday through Friday from 7 a.m. – 9 p.m. CT.

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 Account Number

Please list Beneficiary name and corresponding account numbers below.

Beneficiary Name **Account Number**

2. New Account Information

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

Account Owner/Custodian *(Last name)*

WI TRANSFER DUE TO DEATH

Please check one box:

☐ **An Account for this Beneficiary exists for 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 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.)*

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 Estate/Custodian's, 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