



Account Owner Change Form

Complete this form and return to:
CollegeAdvantage 529 Savings Plan
P.O. Box 932355
Cleveland, OH 44193

Instructions:

Use this form to change ownership of your CollegeAdvantage account assets (new Account Owner).

- In order to process the request to transfer assets from the original account to the new account, assets in the current account will be liquidated and the current account closed; new assets will be purchased with the proceeds.
- A new CollegeAdvantage account will be created. If an account already exists for the Beneficiary under the new Account Owner, assets will be transferred to the existing account. The new Account Owner will receive confirmation of the ownership change.
- If you have an existing electronic funds transfer (EFT) for contributions, it will be stopped automatically. If the new Account Owner wishes to contribute by EFT, he or she will need to submit new EFT instructions online or by completing and *Electronic Funds Transfer (EFT) Authorization Form*.
- If the current account contains any CDs, they will be liquidated, a penalty for early withdrawal may be applied, and a new CD purchased at the interest rate in effect on the day of the purchase. The term of the CD will remain the same, and will start on the day of the purchase of the new CD. (For example, the proceeds of a 3-year CD redeemed because of a transfer of account ownership will purchase another 3-year CD, and the 3-year term will begin on the day the new CD is purchased.)
- Please print clearly in blue or black ink.
- **SIGNATURE REQUIRED** on back. This form must be notarized.

1 Account number

Please provide your CollegeAdvantage account number.

2 Current Account Owner information

 Account Owner's first name M.I. Last name - -
Account Owner's Social Security number () - Home phone/Cell phone () - Work phone

3 New Account Owner information

The new Account Owner must be an adult, age 18 or older. If the current Account Owner is deceased, please attach a certified death certificate with name and Social Security number.

 New Account Owner's first name M.I. Last name - - - -
New Account Owner's Social Security number Date of birth (mm/dd/yyyy) Relationship to Beneficiary
New Account Owner's mailing address (including apartment or box number) City State - ZIP code
Email () - Home phone/Cell phone () - Work phone

Signature required ➔

3 New Account Owner information (continued)

Residential address (no P.O. boxes)

Check here if residential address is the same as mailing address, and has not changed in the last six months. If checked, go to the next section. Otherwise, complete below.

New Account Owner's residential address (including apartment number if applicable)

City State ZIP code

New Account Owner's identity verification

To help the government prevent the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

New Account Owner's driver's license or state-issued I.D. card number (7-15 digits) State Expiration date (mm/dd/yyyy)

Is this a driver's license or state-issued I.D. card? Please check one: Driver's license I.D. card

New Account Owner's mother's maiden name

Are you a non-U.S. person with more than \$500,000 invested in CollegeAdvantage? No Yes

Are you a Senior Foreign Official of a government branch, military branch, political party, foreign government-owned company, or a close personal or professional associate of one of these persons? No Yes

4 Account certification and authorization

I hereby make the change in the Account Owner as indicated above. I certify that the information contained herein is true and correct, and that my newly-established Account Owner is a U.S. Citizen or resident alien. I certify that the Taxpayer Identification Number (TIN) provided for the new Account Owner is correct and complete.

Print name of Account Owner

Signature of Account Owner (Required) Signature date (mm/dd/yyyy)

NOTARY SEAL REQUIRED

Before me, a Notary Public in and for _____, _____, this document was acknowledged before me on _____
County State Date

by _____ who certifies the correctness of the signature above.
Account Owner

Notary Public name

Notary to Place Seal Here

Notary Public signature

My commission expires _____
Date