

## Account Owner Change Form

**Complete this form and return to:**CollegeAdvantage Guaranteed 529 Savings Plan  
P.O. Box 219305  
Kansas City, MO 64121-9305**Instructions:**

Use this form to change ownership of your CollegeAdvantage Guaranteed 529 Savings Plan account assets (to establish a New Account Owner).

- In order to process this change from the Current Account Owner to the New Account Owner, the existing account assets will be transferred to the New Account Owner and a new account number will be assigned. The existing account with the current account number will be closed. The New Account Owner will receive confirmation of the ownership change.
- 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 the current Account Owner is deceased, the existing Successor Owner would sign in the place of the Current Account Owner to authorize the change of ownership to the New Account Owner. If the existing Successor Owner will be the New Account Owner, this form must be submitted with a copy of the Current Account Owner's certified death certificate.
- The Current Account Owner of accounts in the Guaranteed 529 Plan may change the ownership of the account to another person of their choosing only one time. The New Account Owner is permitted to return account ownership back to the original Account Owner only once.
- Please print clearly in blue or black ink.
- SIGNATURE OF CURRENT ACCOUNT OWNER REQUIRED on back. This form must be notarized.
- This form requires the signature of the New Account Owner, too.

### 1 Account number

\_\_\_\_\_

Please provide your CollegeAdvantage Guaranteed 529 Savings Plan account number.

### 2 Current Account Owner information

\_\_\_\_\_

Current Account Owner's first name

\_\_\_\_\_

M.I.

\_\_\_\_\_

Last name

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current 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 copy of the 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)

\_\_\_\_\_

New Account Owner's Relationship to Beneficiary

\_\_\_\_\_

New Account Owner's mailing address (including apartment or box number)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_ - \_\_\_\_\_

ZIP code

\_\_\_\_\_

New Account Owner Email

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

New Account Owner Home phone/Cell phone

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

New Account Owner 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 Social Security Number or Taxpayer Identification Number (TIN) provided for the New Account Owner is correct and complete.

\_\_\_\_\_  
Print name of Current Account Owner

\_\_\_\_\_  
Signature of Current 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 \_\_\_\_\_ Date  
County State

by \_\_\_\_\_ who certifies the correctness of the signature above.  
Current Account Owner

**Notary to Place Seal Here**

\_\_\_\_\_  
Notary Public name

\_\_\_\_\_  
Notary Public signature

My commission expires \_\_\_\_\_  
Date

## 5 New Account Owner Signature (Required)

We must have your signature to process your Form and to certify your Social Security Number, which is located in **Section 2**.  
By signing below, I certify that:

- I AM AGREEING TO THE TERMS OF THE *OFFERING STATEMENT AND PARTICIPATION AGREEMENT* AND THE TERMS OF THIS APPLICATION. I UNDERSTAND THAT I SHOULD CONSULT A FINANCIAL OR LEGAL ADVISOR IF I HAVE ANY QUESTIONS ABOUT THE TERMS AND CONDITIONS OF THIS AGREEMENT. MY SIGNATURE BELOW INDICATES I HAVE READ THE CURRENT *OFFERING STATEMENT AND PARTICIPATION AGREEMENT* FOR THE COLLEGEADVANTAGE GUARANTEED 529 SAVINGS PLAN OFFERED EXCLUSIVELY THROUGH THE OHIO TUITION TRUST AUTHORITY (TUITION TRUST), AND AGREE TO THE TERMS THEREIN AND HEREIN. THIS FORM, TOGETHER WITH THE *OFFERING STATEMENT AND PARTICIPATION AGREEMENT*, CONSTITUTES MY CONTRACT WITH THE OHIO TUITION TRUST AUTHORITY WITH RESPECT TO AMOUNTS INVESTED IN THE PLAN.
- The information provided on this form is true and correct. I am either a U.S. citizen or resident alien. The Social Security Number in **Section 2** is correct.
- The Tuition Trust is authorized to recognize only my signature below for the withdrawal of funds or transactions or any other business regarding this account until written notice to the contrary is received and accepted by the Tuition Trust.
- In accordance with federal law, I understand the CollegeAdvantage Program Administrators are required to obtain my name, residential or business address, Social Security or Tax Identification Number, driver's license or state-issued I. D. Card number, and date of birth in order to verify my identity and for tax reporting purposes. In addition, my signature below authorizes Tuition Trust personnel to access my personal confidential information as necessary for the administration of my account. The information I provide may be shared with third parties for the purpose of verification subject to the terms of the CollegeAdvantage Administrators' privacy policies. The Tuition Trust is unable to accept this new Account if any required information is not provided. If the CollegeAdvantage Program Administrators are unable to verify the Account Owner's identity, this Account will be closed and the assets in the Account distributed at the share value.

\_\_\_\_\_

Print name of New Account Owner (Required)

\_\_\_\_\_

Signature of New Account Owner (Required)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Signature date (mm/dd/yyyy)

