

## Beneficiary 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 transfer assets from a CollegeAdvantage Guaranteed account to a different CollegeAdvantage Guaranteed account.
- **GUARANTEED SAVINGS FUND (SUSPENDED)**—There are different transfer restrictions based on age of original beneficiary. **Age 19 or younger:** limit one transfer. New beneficiary can be older or younger than original beneficiary. If original Beneficiary is age 18 or younger, the payout value will likely be less than if assets were held on account until the Beneficiary turns 18. **Age 20 or 21:** only one transfer allowed; new Beneficiary must be age 20 or older. **Age 22 or older:** no transfer allowed.
- The new Beneficiary must be a Member of the Family of the prior Beneficiary, as defined by IRC Section 529.
- You can transfer the entire account balance or a partial amount.
- Assets may not be transferred if the original account was established with custodial funds (UTMA or UGMA, for example).
- Please print clearly in blue or black ink. **SIGNATURE REQUIRED** on last page. This form must be notarized.

## 1 Account Owner information

Account Owner's first name M.I. Last name

Account Owner's Social Security number ( ) Home phone ( ) Work phone

## 2 Current Beneficiary information

Please provide information for the Beneficiary you want to transfer FROM.

Current Beneficiary's first name M.I. Last name

CollegeAdvantage account number Current Beneficiary's Social Security number

## 3 New Beneficiary information

Please provide information for the Beneficiary you want to transfer assets TO.

Note: Either the Account Owner or the new Beneficiary must be an Ohio resident.

Existing Beneficiary account number

New Beneficiary's first name M.I. Last name

New Beneficiary's Social Security number New Beneficiary's date of birth (mm/dd/yyyy) Relationship of new Beneficiary to current Beneficiary

Check here if Beneficiary's mailing address is the same as Account Owner's mailing address and go to the next section. If Beneficiary's mailing address is different, complete below.

Beneficiary's residential address (including apartment number if applicable)

City State ZIP code

## 4 Transfer amount

TRANSFER THE ENTIRE ACCOUNT BALANCE

OR

TRANSFER A PARTIAL AMOUNT \$ \_\_\_\_\_,\_\_\_\_\_.\_\_\_\_\_

## 5 Account certification and authorization

We must have your signature to process this form and to certify your Social Security number, which is located in Section 1. By signing below, I certify that:

- I hereby make the changes or additions noted above to my CollegeAdvantage Guaranteed 529 Savings Plan account(s). This information replaces any existing information on file with the Ohio Tuition Trust Authority. I certify the information contained herein is true and correct, and supporting documentation is attached if required. I certify the Social Security Number of the New Beneficiary provided is correct.
- The information provided on this form is true and correct. The new Beneficiary and myself are U.S. citizens or resident aliens. The Social Security numbers in Sections 1, 2 and 3 are correct (or a number has been applied for and will be provided upon receipt).
- The Tuition Trust is authorized to recognize only my signature below for the withdrawal of funds or transactions of 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 form if any required information is not provided.

\_\_\_\_\_  
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

**Signature required** ➔

**5** Account certification and authorization (continued)

**BENEFICIARY SIGNATURE (ONLY REQUIRED IN LIMITED CIRCUMSTANCES IF TRANSFERRING GUARANTEED SAVINGS FUND ASSETS)**

Beneficiary signature is required if original account includes funds invested in the suspended Guaranteed Savings Fund AND it was opened before 10/1/1996 AND Beneficiary is 18 or older AND Account Owner has not previously submitted a *Pre-1996 Ownership Amendment Form* to the Ohio Tuition Trust Authority. Only if **ALL** of these conditions apply is Beneficiary signature required.

\_\_\_\_\_  
Print name of Beneficiary

\_\_\_\_\_  
Signature of Beneficiary (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.  
Beneficiary

**Notary to Place Seal Here**

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

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

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

