Path2College 529 Plan

Change of Plan Account Owner/Beneficiary Form

Use this form to change the Account Owner and/or Beneficiary
(for Individual and Entity Accounts only)

Questions? Call toll-free 1-877-424-4377
PO Box 55924, Boston, MA 02205-5924
Visit www.path2college529.com

Instructions

- Please read the Plan *Disclosure Booklet,* including the *Participation Agreement*, before changing the Account Owner and/or Beneficiary on a Plan 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 is requested*, the new Account Owner must submit an *Account Application*, along with this form (unless the new Account Owner already maintains a Plan Account for the Beneficiary). An Account Owner may establish only one Account for a Beneficiary in the Plan.
  - *If a change of Beneficiary is requested*, the new Beneficiary must be a "member of the family" of the previous Beneficiary, as described in Section 529 of the Internal Revenue Code. 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).
- 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 Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp[1] is required in Section 6 for all entity Accounts or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner. In addition, unless a Medallion Signature Guarantee is affixed to this form, **any** change of Account Owner or change of address will result in a 30-day hold on withdrawals from the Account. See the *Important Information* on page 3.
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Plan at the above address.

1 Current Account Information *(You must provide complete information.)*

1213-123456789

Fund and Plan Account Number (Provide any one from your statement.)

Devin C Sample

Account Owner Name (First, MI, Last, Suffix), or Entity Name

Crystal R Sample

Beneficiary Name (First, MI, Last, Suffix)

2 New Account Owner Information *(You must provide complete information or the new Account cannot be opened.)*

An Account Owner must meet the requirements set forth in the Disclosure Booklet and must have a Social Security Number or Taxpayer Identification Number. Unless otherwise indicated in Section 4, the balance in all existing Plan Investment Portfolios will be transferred into an Account in the new Account Owner's name.

☐ **Check this box if the new Account Owner already maintains a Plan Account with the Beneficiary named in Section 1 and provide the existing account number below.** If none exists, the new Account Owner must submit an *Account Application* along with this form. An Account Owner may establish only one Account for a Beneficiary in the Plan

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Existing Fund and Plan Account Number, if any (Provide any one from your statement.)

New Account Owner Name (First, MI, Last, Suffix), or Entity Name

Residential Address or if Entity Principal Place of Business or Local Office (This must be a street address -- a P.O. Box is not acceptable under the U.S. Patriot Act.)

City, State, Zip

( ) -

Day Telephone Number

( ) -

Evening Telephone Number

Important Information about a Change of Account Owner

By completing this form, you intend to grant ownership of this Account to the designated new Account Owner. You revoke all rights to this Account and the new Account Owner is entitled to all benefits of account ownership upon establishment of the new Account. Only one Account may be opened for each Account Owner/Beneficiary.

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[1] Medallion Signature Guarantees and Signature Validation Program (SVP) Stamps are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

3 New Beneficiary Information *(You must provide complete information or the new Account cannot be opened.)*

The Beneficiary must be a U.S citizen or resident alien and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened. Unless otherwise indicated in Section 3, all existing Investment s will be transferred into an Account in the new Beneficiary's name.

☐ **Check this box if the Account Owner already maintains a Plan Account for the Beneficiary named below and provide the existing account number below**. An Account Owner may establish only one Account for a Beneficiary in the Plan.

New Beneficiary Information

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Existing Fund and Account Number, if any (Provide any one from your statement.)

Anne P Sample

New Beneficiary Name (First, MI, Last, Suffix)

222-33-4444 | F | 05-19-1999

Social Security Number or Taxpayer Identification Number | *Gender (M/F)* | *Date of Birth (mm-dd-yyyy)*

Parent

Account Owner's Relationship to Beneficiary (optional)

☐ Check this box if the Beneficiary lives with the Account Owner. If so, do not provide an address in the boxes below.

Residential Address (This must be a street address -- a P.O. Box is not acceptable under the U.S. Patriot Act.)

City, State, Zip, Country (if foreign address)

Important Information about a Change of Beneficiary

By completing this form, you intend to change the Beneficiary to a "member of the family" of the current Beneficiary, as defined by Section 529 of the Internal Revenue Code. This change is not permissible if it would cause the total account balance of the new Beneficiary's Account to exceed the Maximum Contribution Limit of $235,000 for that Beneficiary. You will be notified if the intended change would cause this limit to be exceeded. Only one Account may be opened for each Account Owner/Beneficiary.

4 Transfer Amount FROM each Investment Option *(Check only one box.)*

Tell us how much to transfer from this Account. Write a specific amount or percentage next to each Investment Option to be transferred. **Note**: Transfers of funds from the Guaranteed Option to the Money Market Option are not permitted.

Investment Option Name (*Option Number*)	**Indicate the Outgoing Amount** *(in dollars OR percentage)*	
	Dollars	**Percentage**
Managed Allocation Option *(Age based)*	$, .	100 .00%
Aggressive Managed Allocation Option *(Age based)*	$, .	.00%
100% Equity Option *(1213)*	$, .	.00%
Balanced Fund Option *(1214)*	$, .	.00%
Fixed Income Option *(1389)*	$, .	.00%
Guaranteed Option *(1215)*	$, .	.00%
Money Market Option *(1390)*	$, .	.00%
Total OUTGOING Amount	$, .	

5 Transfer Amount TO each Investment Option

Select your Investment Option(s) on the following page by indicating the incoming transfer amount you would like credited to each option in dollars or as a percentage of the **TOTAL** amount being transferred.

- If you indicate the amount in dollars, the Total Incoming Amount must equal the Total Outgoing Amount in Section 4.
- If you indicate the amount as a percentage, the total allocation must equal 100%.

Note: If you allocate your incoming transfer amount to the Guaranteed Option, transfers made at a later date (including transfers where there is a change of the Beneficiary) from the Guaranteed Option to the Money Market Option are not permitted.

Investment Option Name (*Option Number*)	Indicate the Incoming Amount (*in dollars OR percentage*)	
	Dollars	Percentage
Managed Allocation Option *(Age based)*	$, .	.00%
Aggressive Managed Allocation Option *(Age based)*	$, .	50 .00%
100% Equity Option *(1213)*	$, .	.00%
Balanced Fund Option *(1214)*	$, .	.00%
Fixed Income Option *(1389)*	$, .	50 .00%
Guaranteed Option *(1215)*	$, .	.00%
Money Market Option *(1390)*	$, .	.00%
Total INCOMING Amount	$, .	

6 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, and all information provided by me in the future will be, true, complete and correct.
- If changing the Account Owner, the new Account Owner will submit an *Account Application* along with this form, unless he/she already maintains a Plan Account for the Beneficiary and I have provided the existing account number in Section 2. I understand that an Account Owner may establish only one Account for a Beneficiary in the Plan.
- If changing the Beneficiary, I agree to the same representations, warranties, and agreements for my new Beneficiary as were stated in the original Plan 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 contingent account owner information, if any, will be copied to the new account.
- If I am participating in the Automatic Contribution Plan (ACP), I understand that my participation in ACP will be cancelled only if I transfer my entire Account balance to a new Account Owner and/or Beneficiary; otherwise my ACP contributions will continue in my original Account unless an *Electronic Banking Information Form* accompanies this form.
- If I am making contributions by payroll deduction, 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 deduction, or unless an updated *Payroll Deduction Form* accompanies this form to reallocate payroll contributions among my Account(s) for different Beneficiaries, if any.
- If I am transferring my entire account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner, either a Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp appears on this form, as described below.[1])

Signature of Current Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner *Date*

Important Information

If you are *changing the Account Owner,* a Medallion Signature Guarantee is required for all entity Accounts or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner. Unless a Medallion Signature Guarantee appears below, any change of Account Owner or Beneficiary will result in a 30-day hold on withdrawals from the Account. If you are *changing the Beneficiary,* a Signature Validation Program (SVP) Stamp is required for all entity Accounts or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner

You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion Signature Guarantee or Signature Validation Program Stamp will be affixed to this form. **Note**: The Signature Validation Program Stamp is not required if a *Plan Power of Attorney Form* is on file for an individual Account, or if a *Plan Power of Attorney Form* accompanies this form.

AFFIX STAMP HERE

TIAA CREF Financial Services

Mail this form to:

Path2College 529 Plan
PO Box 55924
Boston, MA 02205-5924

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