

Use this form to transfer all or part of an account from the current account owner(s) to new account owner(s).

Additional Requirements:

- **Future Scholar Direct Account Application**
- **Signature(s) must include a Medallion Signature Guarantee Stamp in section V**
- **Court Order, if applicable, certified within 60 days of presentment**

If you have questions completing this form, please call us toll free at **1.888.244.5674**, Monday through Friday, 8:00 am to 7:00 pm, Eastern time

**Regular Mail:**

Future Scholar 529 Plan  
P.O. Box 219812  
Kansas City, MO 64121-9812

**Overnight Mail:**

Future Scholar 529 College Savings Plan  
801 Pennsylvania Ave STE 219812  
Kansas City, MO 64105-1307

**I. Current Account Information**

**A. Designated Beneficiary's Account Information**

Current Account Number

Designated Beneficiary's First name

Middle initial

Last name

Designated Beneficiary's Social Security Number or other Taxpayer Identification Number

Date of Birth (MM/DD/YY)

**B. Account Owner Information**

*If not an individual, indicate the type of entity (e.g., a trust) and insert the entity's legal name.*

Primary Account Owner's First name (or entity name)

Middle initial

Last name

Social Security Number or other Taxpayer Identification Number

Date of Birth (MM/DD/YY)

Joint Account Owner's First name

Middle initial

Last name

Mobile Phone Number

Home Phone Number

## II. Reason for Transfer

Please check one:

- Death of current Account Owner.** A certified copy of the death certificate is required. Please see the Program Description for the line of succession.
- UTMA/UGMA Minor reaches age of majority.**
- Court Order.** The transfer is requested in compliance with the attached court order certified within 60 days of presentment.
- Current Account Owner(s) rescinding ownership.**
- Adding a Joint Owner (available for spouses only).\***
- Other:**

### \* Note:

- The primary account owner's Tax Id is used for tax reporting purposes, as well as online access.
- A new account number will be assigned.
- Joint Ownership requires that all written requests must include both owners' signatures.

## III. New Account Owner information

Check this box if account is being transferred to an existing account already established.

Account Number

*If not an individual, indicate the type of entity (e.g., a trust) and insert the entity's legal name.*

A new account Application must be completed by the new account owner(s) in order to transfer account ownership.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Primary Account Owner's First name (or entity name)

Middle initial

Last name

Social Security Number or other Taxpayer Identification Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Joint Account Owner's First name

Middle initial

Last name

Contact telephone number

## IV. Amount of Transfer

**Note: Any account options will not be carried over automatically.**

- Transfer entire account balance.** The account listed in Section I will be closed and all of the assets will be transferred to an account for the new account owner(s).
- Partial transfer as detailed below.**

Portfolio name	Portfolio number	Amount	Percentage
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %

## V. Signature Section

By signing below, I certify that the information provided on this form is in all respects true, complete and correct, that the information change(s) and/or action authorized on this form is to be reflected or taken, as applicable, in accordance with the current Future Scholar 529 College Savings Plan Program Description, and that I fully understand the consequences of such change(s) and/or action.

This form must be signed in capacity and be Medallion Signature Guaranteed

\_\_\_\_\_  
Print Name of Account Owner or Authorized Individual

\_\_\_\_\_  
Print Name of Joint Account Owner, if applicable

**X** \_\_\_\_\_  
Signature of Account Owner (Include capacity, if applicable)

**X** \_\_\_\_\_  
Signature of Joint Account Owner (required for joint registration)

## Medallion Signature Guarantee Stamp

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The Transfer Agent may require a Medallion Signature Guarantee for your signature in order to process certain transactions. A Medallion Signature Guarantee helps assure that a signature is genuine and not a forgery. A Medallion Signature Guarantee must be provided by an eligible guarantor institution including, but not limited to, the following: bank, credit union, savings association, broker or dealer, that participates in the Securities Transfer Association Medallion Program (STAMP), the Stock Exchange Medallion Program (SEMP) or the New York Stock Exchange Medallion Signature Program (MSP). Notarization by a notary public is not an acceptable signature guarantee. The Transfer Agent reserves the right to reject a signature guarantee and to request additional documentation for any transaction.