

INSTRUCTIONS

Use this form to transfer ownership of your Account to another individual or entity. If you need to change your name for a legal reason (such as marriage or divorce), please use the Change of Name Request form instead.

A change of Account Owner may take up to 30 days to process. A confirmation will be sent to both the new and current Account Owners once complete. **Note:** Withdrawal requests may be delayed while the Account Owner change is processed.

To assist in the identity verification process, please provide **a copy of the front and back of each of the following for the CURRENT Account Owner:**

- **Unexpired government-issued photo identification** (such as a driver's license, passport, or identification card)
- **Social Security card** (if you do not have a Social Security card, you can submit a pay stub or W-2 dated within the past two years showing the full Social Security number)

Please do not send personal identification documents via email. Documents can be uploaded through your online account or by requesting a secure upload link from Customer Service.

When providing an email address, a person must have their own unique email address.

SECTION 1 | Current Account Owner Information

As the Account Owner of the Account listed below, I acknowledge that with the approval of the Commonwealth Savers Plan Board, I may transfer ownership of the Account to another individual or entity. As the Account Owner, I certify that I have neither given nor received any payment or other consideration for the transfer of the Account and acknowledge that by signing this form I relinquish all rights and responsibilities related to the Account to the new Account Owner.

Current Account Owner Name (please print)

Account Number

Current Account Owner Signature

Date

SECTION 2 | New Account Owner Information

New Account Owner Name

New Account Owner Social Security Number

New Account Owner Street Address

New Account Owner City, State, Zip Code

New Account Owner Phone Number

New Account Owner Email Address*

*must be unique to the person

Relationship to Student (i.e. parent, grandparent, other family or friend, etc.)

SECTION 3 | Reason for Transfer

Is the reason for this transfer due to the Current Account Owner's death?

☐ Yes ☐ No

(If yes, do not complete this form. Instead, complete and submit the Transfer Account Upon the Death of an Account Owner Form which can be found at Invest529.com)

Is the reason for this transfer due to the Current Account Owner's disability?

☐ Yes ☐ No

(If yes, include documentation of disability)

SECTION 4 | New Account Owner Signature

I certify that as the new Account Owner of the Account listed above, I am at least 18 years of age, or a representative of a corporation, partnership, trust or charitable organization, and that I have neither given nor received any payment or other consideration for the transfer of the Account. By signing below, I acknowledge that I have read and understand the terms and conditions and explanation of fees charged and that I have read and understand the Program Description and Commonwealth Savers Plan Privacy Policy as applicable to the Account being transferred to me as indicated above. I also acknowledge that I have had the opportunity to download or request a hard copy of these documents. I understand that these documents together constitute a legally binding agreement. I agree to all existing terms and conditions related to this Account. I hereby certify that all of the information supplied is true and correct to the best of my knowledge. I understand that I will be assessed a \$10.00 fee if this is a change to an Invest529 account and not due to the Account Owner's death or disability.

New Account Owner Signature

Date