

- ▶ Complete this form to transfer assets from one Beneficiary account to an account for a different Beneficiary. The new Beneficiary must be a “member of the family” of the current Beneficiary as defined in the Disclosure Booklet. You should consult a qualified financial, legal and/or tax advisor regarding the application of federal, state, and local tax law before making this change. The Beneficiary may not be changed on Custodial accounts.
- ▶ **Note:** Failure to provide required information may result in a delay of processing your request.
- ▶ If the Account Owner does not already have a Private College 529 Plan account for the new Beneficiary, one must be established at access.pc529.com before submitting this form.
- ▶ **Complete a separate form for each account, and upload to access.pc529.com.**
- ▶ **Questions?** Call us at **1-888-718-7878**.

1. ACCOUNT INFORMATION *(This is the current PC529 plan for which a transfer is being requested.)*Account Number *(required)*Account Owner, Custodian, or Entity Name *(first, MI, last, suffix) (required)*

Primary Phone Number

Alternate Phone Number

Beneficiary Name *(first, MI, last, suffix) (required)*Last 4 Digits of Beneficiary Social Security Number
or Taxpayer Identification Number *(required)***2. NEW BENEFICIARY INFORMATION**New Beneficiary Name *(first, MI, last, suffix)*Last 4 Digits of Beneficiary Social Security Number or
Taxpayer Identification Number *(required)*New Beneficiary PC529 Account Number *(required)* | | New Beneficiary Date of Birth *(mm/dd/yyyy) (required)***3. TRANSFER AMOUNT** *(Check one.)***IMPORTANT INFORMATION:**

This change is not permissible if it would cause the total account balance of the new Beneficiary's account, along with any other Private College 529 Plan accounts for that Beneficiary, to exceed the maximum account balance limit allowable per Beneficiary. You will be notified if the intended change would cause this limit to be exceeded.

☐**Entire Balance.**

By selecting this option, I am authorizing the closure of the account indicated in **Section 1** and the transfer of all account assets to the account for the Beneficiary designated in **Section 2**. I understand that automatic contributions established for the account in **Section 1**, if any, will stop.

☐**Partial Balance.**

By selecting this option, I am authorizing the transfer of the dollar amount or percentage of assets indicated below that are currently held in the account indicated in **Section 1**, to the account for the Beneficiary designated in **Section 2**. I understand that this transfer of assets will not stop automatic contributions, if any are established, for the account indicated in **Section 2**.

\$

Amount

OR

%

Percentage

4. ACCOUNT OWNER SIGNATURE & AUTHORIZATION *(Complete this section in the presence of a notary public.)*

By signing below, I am agreeing to the terms and conditions set forth below and in the Disclosure Statement and Enrollment Agreement. I understand and agree that these documents govern all aspects of this account and are incorporated herein by reference.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner, and additionally that:

It is my intent to transfer funds between the above-referenced accounts. I understand that there are restrictions under federal tax laws on a change of Beneficiary that are summarized in the Plan Disclosure Statement and Enrollment Agreement. I agree to the same representations, warranties, and agreements for my new beneficiary as were stated in the original Account Enrollment Application for my current beneficiary. I understand that at any time the value of my account(s) may be more or less than the amounts I contributed to such account(s). 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. I authorize the Plan to act on my instructions based upon this information. I have received, read and understand this form and the Disclosure Booklet, including the Participation Agreement. 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. I authorize the Plan to act on my instructions based upon this information. I have received, read and understand this form and the Plan Disclosure Statement, including the Enrollment Agreement. I understand that the Plan Disclosure Statement and Enrollment Agreement may be amended from time to time, and I understand and agree that I will be subject to the terms of those amendments. If I am issuing instructions for an account in a representative capacity (e.g., as a Trustee of a Trust or pursuant to a Power of Attorney), I understand and acknowledge that I am assuming any responsibility for any adverse consequences resulting from my instructions. I further agree that neither Private College 529 Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

Signature of Current Account Owner

Date

NOTARIZATION (REQUIRED)

ALL SECTIONS OF THE NOTARIZATION BELOW MUST BE COMPLETED BY A NOTARY AND BE LEGIBLE

STATE OF _____ SS.

COUNTY OF _____

Be it remembered that on the ____ day of _____,

A.D. 20____, personally appeared _____ signer
and sealer of the foregoing written instrument and acknowledged
the same to be his/her free act and deed.

BEFORE ME,