

# 529 COLLEGE SAVINGS PLAN CHANGE OF ACCOUNT OWNER, SUCCESSOR ACCOUNT OWNER AND/OR BENEFICIARY FORM

**Use this form to:**

Change Account Owner, Change/Add a Successor Account Owner, or Change a Beneficiary.

**Instructions:**

- If you have any questions regarding this form, please contact your Financial Advisor.
- Changing the Account Owner or Beneficiary of an Account may have tax consequences. Please consult with your tax advisor.
- Signature Guarantee is required for Change of Account Owner.

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| <b>1</b>  | <b>ACCOUNT INFORMATION</b>          |   |  |
| Account Owner Name:   | Social Security Number:             |   |  |
| Account Number:   | Phone Number:                       |   |  |
| Beneficiary Name:   | Beneficiary Social Security Number: |   |  |
| <b>2</b>  | <b>ACTION TO BE TAKEN</b>           |   |  |
| <input type="checkbox"/> <b>Change the Account Owner.</b> Upon completion and remittance of this form, the new Account Owner, will be the only person/entity allowed to make changes and withdrawals to the account listed above. Please note, a change in Account Ownership is not permitted if this account is funded with monies from a UTMA/UGMA custodial account. The new Account Owner will receive a copy of the Enrollment Handbook upon the Transfer of Ownership and agrees to execute and return an Enrollment Form with this form. Signature Guarantee required.   |                                     |   |  |
| NEW Account Owner's Name (First, Middle Initial, Last):   |                                     |   |  |
| Social Security Number:   | Date of Birth:                      | Check one:<br><input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien |  |
| Street Address:   |                                     |   |  |
| City:   | State:                              | ZIP Code:   |  |
| Phone Number:   |                                     |   |  |
| <input type="checkbox"/> <b>Change or Add Successor Account Owner.</b> The Successor Account Owner will act as Account Owner in the event of your death.  |                                     |   |  |
| Successor Account Owner's Name (First, Middle Initial, Last):   |                                     |   |  |
| Social Security Number:   | Date of Birth:                      | Check one:<br><input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien |  |
| Street Address:   |                                     |   |  |
| City:   | State:                              | ZIP Code:   |  |
| Phone Number:   |                                     |   |  |
| <input type="checkbox"/> <b>Change Beneficiary.</b> Complete this section if you are changing the Beneficiary on the account listed in Section 1. The new Beneficiary must be a "Member of the Family" of the current beneficiary (as defined in the Enrollment Handbook). If the new Beneficiary is not a "Member of the Family" of the current beneficiary, the change will be treated as a Non-Qualified Withdrawal (as defined in the Enrollment Handbook). The earnings portion of a Non-Qualified Withdrawal will be subject to income tax and a 10% penalty. Please consult with your tax advisor. At the time you change the beneficiary, you may also change your investment option (see below). |                                     |   |  |
| NEW Beneficiary's Name (First, Middle Initial, Last):   |                                     |   |  |
| Social Security Number:   | Date of Birth:                      | Check one:<br><input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien |  |
| Street Address:   |                                     |   |  |
| City:   | State:                              | ZIP Code:   |  |
| Phone Number:   |                                     |   |  |
| <b>New Investment Option.</b> At the time you change the beneficiary, you may also change your investment option. If you wish to change your investment option, please complete and return a Change of Investment Option form which can be obtained by contacting your Financial Advisor.   |                                     |   |  |



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**AUTHORIZATION**

I, as the current Account Owner, hereby make the changes as indicated to the Account Owner, Successor Account Owner or Beneficiary. I certify that the information contained herein is true and correct. I, my current Beneficiary, newly established Account Owner and/or Successor Account Owner are U.S. Citizens or resident aliens. I certify that the Tax Identification Numbers (TIN) given are true, correct and complete. This designation will replace the Account Owner, Successor Account Owner and/or Beneficiary currently named on the account. Please allow approximately five business days for this change to be completed.

Account Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Current Account Owner: \_\_\_\_\_ Date: \_\_\_\_\_

A Signature Guarantee is required if you are Changing the Account Ownership. A Signature Guarantee is a stamped or typed assurance by a financial institution that indicates a signature is valid. It may be obtained at most financial institutions or banks. **THE NEW ACCOUNT OWNER MUST ALSO COMPLETE AND SUBMIT AN ENROLLMENT FORM.**

**SIGNATURE GUARANTEE**

(Required for Change of Account Owner.)

Please affix Signature Guarantee along with authorized signature, title, and date.

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