



Minnesota College Savings Plan
Change of Account Owner/Beneficiary Form

(for Individual and Entity Accounts only)

Questions? Call toll-free 1-877-338-4646

P.O. Box 219455, Kansas City, MO 64121-9455

Visit www.MNsaves.org

Instructions

- Please read the Plan Disclosure Booklet, including the Participation Agreement...
If a change of Account Owner is requested, the new Account Owner must submit an Account Application...
If a change of Beneficiary is requested, the new Beneficiary must be a "member of the family" of the previous Beneficiary...
A new account number will be assigned to the Account opened for the new Account Owner and/or Beneficiary...
A Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp may be required...
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.)

Account Number grid

Account Number (Refer to your Account Statement.)

Account Owner Name grid

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

Account Owner Email Address grid

Account Owner Email Address

Beneficiary Name grid

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 Options 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.

Existing Account Number grid

Existing Account Number, if any (Refer to your Account Statement.)

New Account Owner Name grid

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

Residential Address grid

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 grid

City, State, Zip

Day Telephone Number grid

Day Telephone Number

Evening Telephone Number grid

Evening Telephone Number

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.





**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 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.
- 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 successor 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.
- 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.**

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*Signature of Account Owner or Authorized Representative of Entity*

*Date*

**Medallion Signature Guarantee – if applicable**

**Important Information**

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

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 Medallion Signature Guarantee 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.

**Guarantor to Affix Stamp Here:**

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**Overnight Mail**  
Minnesota College Savings Plan  
430 W 7th Street Suite 219455  
Kansas City, MO 64105-1407

**Mail to:**  
**Regular Mail**  
Minnesota College Savings Plan  
P.O. Box 219455  
Kansas City, MO 64121-9455