

CollegeChoice CD 529 Savings Plan
UGMA/UTMA Ownership Change Form

CollegeChoice CD
 529 SAVINGS PLAN

Use this form to change the ownership on your custodial UGMA/UTMA Account from the Custodian to the adult Beneficiary who has reached the age of majority according to the applicable state UGMA/UTMA statute. Forms can be downloaded from our website at www.collegechoicecd.com, or you can call us to order any form—or request assistance in completing this form—at **1.888.913.2885**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern Time.

Make checks and electronic transfers payable to: **CollegeChoice CD Plan, CSB as Manager (TRN/ABA #311973208)**
 Mail or Fax this form and any other required documents to:

- **Mail - CollegeChoice CD, c/o College Savings Bank, 2515 McKinney Ave, Suite 1100, Dallas, TX 75201**
- **Fax - 214.481.1289 ATTN: Operations**

1. Current Account Information (Please provide the following as it is currently listed on the Account.)

Account Number		
Custodian First Name	MI	Last Name
Social Security Number		Telephone Number
Beneficiary's First Name	MI	Last Name

2. New Account Owner (Complete the following to designate the Beneficiary listed above as the new Account Owner. Please attach a certified copy of the Beneficiary's birth certificate or a regular copy of the Beneficiary's license, military ID or passport as proof of age.)

New Account Owner First Name		MI	Last Name
Street Address			
City		State	Zip Code
Mailing Address <input type="checkbox"/> Check if same as street address			
Social Security Number		Date of Birth	Telephone Number

3. Signature

We authorize CollegeChoice CD 529 Savings Plan (CollegeChoice CD), to make the Account Owner designation specified in these instructions and understand that by completing this form we are removing the Custodian on this Account and naming the Beneficiary as Account Owner. We have received, read, understand, consent, and agree to the CollegeChoice CD Disclosure Statement (Disclosure Statement). We certify that the information we have provided with respect to this Account is true, complete and accurate; that the Social Security Number (SSN) or Tax Identification Number (TIN) provided are true, correct and complete; and that the new Account Owner is a U.S. Citizen or resident alien. We agree that the Plan Officials (as defined in the Disclosure Statement) will not be liable for any loss, liability, damage or expense for relying upon any instructions by me believed to be genuine. We understand that this Account is not insured by the State of Indiana, and neither the principal investment nor the investment return is guaranteed by the State of Indiana.

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Custodian Signature

Date

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New Account Owner (Beneficiary's) Signature

Date

Do not sign above until you are in the presence of an authorized officer of a bank, broker, or other qualified financial institution. The guaranteeing institution is financially responsible if the signature is not genuine. A notary public cannot provide a signature guarantee, nor can you guarantee your own signature. To change the ownership of this Account a Signature Guarantee for the original minor (the New Account Owner) is required below from your bank or credit union. A signature guarantee indicates that a signature is valid. The lack of a required signature guarantee could delay this distribution.

Signature Guarantee
