

COLLEGE SAVINGS PLAN TRANSFER BETWEEN ACCOUNTS

✓ USE THIS FORM TO:

- Transfer assets from one Account to another Account within the Plan.

✗ DO NOT USE THIS FORM TO:

- Remove a Custodian. Use the [Custodian](#) form.
- Roll over assets from another qualified 529 plan. Use the [Rollover](#) form.
- Open a new account.

RETURN THIS FORM TO:

UA College Savings Plan
P.O. Box 17302
Baltimore, MD 21297-1302

EXPRESS MAIL ONLY:

UA College Savings Plan
Mail Code 17302
4515 Painters Mill Road
Owings Mills, MD 21117-4903



This stamp indicates a signature guarantee is required.



This paper clip indicates you may need to attach documentation.

1 RELINQUISHING ACCOUNT

Account Holder (Trust name, if applicable)		Social Security Number (SSN)	
Beneficiary		SSN	
Custodian/Trustee/Purchaser (if applicable)		SSN	
Day Phone	Evening Phone		

Account Number (REQUIRED)	
Portfolio Name	
<input type="checkbox"/> Full Account	<input type="checkbox"/> Partial Account: % or \$
<input type="checkbox"/> For more Accounts, check this box and attach a separate page .	

- Permanent Fund Dividend (PFD) Allocation.** If this is a full transfer, future PFD contributions will be directed to the receiving Account(s) unless you check here. If there is a PFD coming from a third party, the PFD contribution will not be transferred to the receiving Account(s). The PFD applicant will need to contact us to provide direction for their PFD contribution.

By signing this form, I understand and hereby certify that:

- I authorize this transaction from my Account(s).
- I understand that, if the receiving Account has a Beneficiary that is not a Member of the Family, the change will be considered a nonqualified distribution.
- The information on this form is accurate, and I agree to hold harmless the Trust, T. Rowe Price, and the University of Alaska for any claims arising as a result of misrepresentations made by me.
- I understand that it is my responsibility to maintain accurate records as may be required by the IRS to substantiate this change.
- All signatures on this form are genuine signatures of the respective individuals or their legal guardians.

NOTE: For accounts with a Purchaser or Alternate Beneficiaries, additional signatures are required in Section 3. If signing as Successor Account Holder, submit a certified copy of the deceased Account Holder's death certificate. The copy must have an original stamp or seal from the issuing agency.

SIGNATURE AND DATE REQUIRED

Relinquishing Account Holder, Custodian (if Account Holder is a minor), Trustee, or Successor Account Holder Date (mm/dd/yyyy)

X

MEDALLION SIGNATURE GUARANTEE—PLACE MEDALLION STAMP BELOW

2 RECEIVING ACCOUNT HOLDER OR CUSTODIAN

Provide the existing Account number and portfolio. If this includes a Beneficiary change, is the new Beneficiary a Member of the Family of the former Beneficiary as defined in the Plan Disclosure Document?

Check one: Yes—this is a qualified Family Member.

No—this is not a qualified Family Member and this is a nonqualified distribution and may be subject to taxes and penalties on the earnings portion of the distribution.

Account Number (REQUIRED)
Portfolio Name

By signing this form, I understand and hereby certify that:

- I authorize this transaction to my Account(s).
- All signatures on this form are genuine signatures of the respective individuals or their legal guardians receiving the assets.

SIGNATURE AND DATE REQUIRED

Receiving Account Holder, Custodian (if Account Holder is a minor), or Trustee Date (mm/dd/yyyy)

X



3**CONSENT OF PURCHASER & ALTERNATE BENEFICIARIES** (if applicable)

ACT Portfolios with an Account number smaller than 6655 that have an identified Purchaser and/or Alternate Beneficiaries must have all parties consent to this change by signing below.

Purchaser Consent

By signing below, I hereby consent to and authorize this change. I understand that my consent waives any and all rights I may have to the Account and that I will be removed from the Account registration. I certify that this approval is given by my own free will and that I did not and will not receive any compensation or other consideration in exchange for this consent.

SIGNATURE AND DATE REQUIRED

Purchaser	Date (mm/dd/yyyy)
X	
Print Name	

Alternate Beneficiary Consent

By signing below, I hereby consent to and authorize this change. I certify that this approval is given of my own free will and that I did not and will not receive any compensation or other consideration in exchange for this consent. I understand that my consent waives any and all rights I may have to the Account and that I will be removed from the Account registration. If this consent is being given on behalf of an unemancipated minor, I further certify that I am legally authorized to act on behalf of said minor.

SIGNATURE(S) AND DATE(S) REQUIRED

1. Alternate Beneficiary or Legal Guardian	Date (mm/dd/yyyy)
X	
1. Print Name	
2. Alternate Beneficiary or Legal Guardian	Date (mm/dd/yyyy)
X	
2. Print Name	
3. Alternate Beneficiary or Legal Guardian	Date (mm/dd/yyyy)
X	
3. Print Name	

