



COLLEGE SAVINGS PLAN BENEFICIARY/PORTFOLIO CHANGE

✓ USE THIS FORM TO:

- Change a Beneficiary.
- Change a portfolio. If only changing a portfolio, this can be done online  or by calling .


✗ DO NOT USE THIS FORM TO:

- Change the Beneficiary if this is an UGMA/UTMA Account; the Beneficiary cannot be changed.
- Change the Account Holder of an existing Account.

RETURN THIS FORM TO: EXPRESS MAIL ONLY:

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

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

 This paper clip indicates you may need to attach documentation.

1 CURRENT ACCOUNT INFORMATION

The full balance of all portfolios under the same Account Holder and Beneficiary will be changed to the new Beneficiary unless you complete Section 3.

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

2 NEW BENEFICIARY

Provide the new Beneficiary information. A new Account number may be assigned unless there is an existing account with the same Account Holder and this new Beneficiary.

Is the new Beneficiary a Member of the Family of the current Beneficiary as defined in the Plan Disclosure Document?

Check one: (required)

- 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.


Name		Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien	
Social Security Number		Date of Birth (mm/dd/yyyy)	
Address <input type="checkbox"/> If same as Account Holder, check this box and skip address.			
City	State	ZIP Code	

3 PORTFOLIO INSTRUCTIONS

Portfolios will remain the same as the originating Account unless you complete this section. Please review your portfolio options to make sure the portfolio is an appropriate investment for this Beneficiary. Available portfolios can be found in the Plan Disclosure Document or at uacollegesavings.com. If you exchange out of the ACT Portfolio, you will lose your Tuition-Value Guarantee. **NOTE:** Portfolios can be changed twice per calendar year for each Beneficiary or at the same time as a Beneficiary change.

Originating Portfolio		Account Number	
<input type="checkbox"/> Full Account	<input type="checkbox"/> Partial Amount: \$	OR	%
Receiving Portfolio (if different)			

Originating Portfolio		Account Number	
<input type="checkbox"/> Full Account	<input type="checkbox"/> Partial Amount: \$	OR	%
Receiving Portfolio (if different)			

For more Accounts, check this box and attach a [separate page](#). 

Permanent Fund Dividend Allocation (PFD)

- 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.

4 AUTOMATIC MONTHLY CONTRIBUTION (AMC)

If Full Account is checked in Section 3, any existing AMC will be carried over to the new Account unless you instruct otherwise.

If Partial Account is checked in Section 3, AMC will remain active on the current Account unless a different box is checked below.

- Transfer AMC to the new Account and **stop** AMC on current Account.
- Transfer AMC to the new Account and **keep** AMC on current Account.
- Stop AMC. (To stop payroll deduction, contact your employer.)



5 SIGNATURE(S)

5A ACCOUNT HOLDER, CUSTODIAN, OR TRUSTEE

By signing this Account Agreement (Agreement), I understand and hereby certify that:

- If I requested a Beneficiary change, I understand that if the new Beneficiary is not a Family Member (as defined in the Plan Disclosure Document) of the current Beneficiary, this will be considered a nonqualified distribution. It is my responsibility to maintain accurate records as may be required to substantiate this Beneficiary change.
- I am applying for an Account under the Plan and consent and agree to all the terms and conditions of the Plan Disclosure Document, including all Fees and expenses; the Education Trust of Alaska, the trust declared by the University pursuant to the Alaska College Savings Act and through the Declaration; and the UA College Savings Plan, which are all expressly incorporated by reference herein. Capitalized terms used in this Agreement have the meanings specified in the Declaration. I acknowledge and agree that this Agreement and incorporated documents will govern all aspects of my participation in the Plan. I understand that I may obtain a copy of the Declaration and incorporated documents, or the Plan Disclosure Document, by calling a customer service representative. I further acknowledge that this Agreement shall be construed, governed, and interpreted in accordance with the laws of the state of Alaska.
- I agree that computer/phone exchange and distribution services will be activated automatically when my account is opened. If I do not want these services, I will contact T. Rowe Price to terminate these services.
- The information in this Agreement is accurate, and I agree to hold harmless the Trust, T. Rowe Price, and the University of Alaska for any losses arising out of any misrepresentations made by me or breach of acknowledgments contained in this Agreement as described in Section 6.15 of the Declaration.
- The Alaska College Savings Act requires that the name, address, and other information identifying a person as an Account Holder or Beneficiary in the Trust be confidential. The Declaration provides that this information must not be disclosed by the Trust or T. Rowe Price to other persons except as specified in the Declaration, such as in connection with servicing or maintaining my Account, as may be permitted or required by law or in accordance with my written consent. I hereby authorize the Trust and T. Rowe Price to disclose such information in accordance with the privacy policy of the Trust, as may be amended from time to time, including disclosure to regulatory agencies and authorized auditors and compliance personnel for regulatory, audit, or compliance purposes and to third parties for performance of administrative and marketing services related to the Plan or the University of Alaska. The University of Alaska, the Trust, and T. Rowe Price and its affiliates may in the future alert me to other University, savings, or investment programs. I understand that I may contact T. Rowe Price if I do not wish to receive such information.
- If I am executing this Agreement on behalf of a minor Account Holder, I certify that I am of legal age in my state of residence and am legally authorized to act on behalf of such minor.
- Any contributions that are rollovers from a Coverdell Education Savings Account, qualified U.S. savings bond, or a prior 529 Plan distribution will be disclosed as such, and the applicable earnings and basis information will be provided.
- By completing this Agreement, I waive any present or future right to request a refund of any contribution made through the Alaska Permanent Fund Dividend (PFD).
- I understand that it is the Plan's policy to send only one copy of the Plan Disclosure Document for all Account Holders residing at the same address. I also understand that this applies to all existing Accounts and any Accounts I may open in the future. I consent to this policy and understand that I do not need to take action. If I do not consent, I will call T. Rowe Price after my Account is opened.
- I authorize T. Rowe Price, its agents, and affiliates and the Trust to act on any instructions believed to be genuine and from me for any service authorized in this Agreement, including phone and computer services. T. Rowe Price and the Trust use procedures designed to verify the authenticity of the Account Holder or Custodian. If these procedures are followed, T. Rowe Price and the Trust will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can obtain information about my Account(s) via phone or computer.
- All signatures on this form are genuine signatures of the respective individuals

or their legal guardians or agents.

By having the Plan accept delivery of this Agreement and change of Beneficiary, executed by me and in good order, the Trust acknowledges acceptance of the Agreement, binding the Trust and me in accordance with its terms.

SIGNATURE AND DATE REQUIRED

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

X

5B CONSENT OF PURCHASER AND ALTERNATE BENEFICIARIES

ACT Portfolio Accounts with an Account number smaller than 6655 that have an identified Purchaser and/or alternate Beneficiary must have all parties consent 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

