

Important information about this form:

- Fill out this form to change the Account Owner from the Oregon College Savings Plan account.
- Please fill out a **Manage Bank Account Form** if you need to update the banking information connected to the Oregon College Savings Plan account because of an Account Owner change.
- A Medallion Signature Guarantee (**Step 8**) is required to change the Account Owner.
- If the resigning Account Owner is deceased:
 - You must submit a certified copy of a Death Certificate, the original Certificate of Domicile, and Letter of Testamentary to the individual providing the Medallion Signature Guarantee.
 - Please submit copies of the Death Certificate, Certificate of Domicile, and the Letter of Testamentary with this form.
- A new account number will be assigned to the Oregon College Savings Plan account if you are changing the Account Owner.
- Use black ink to type or print clearly, and do not staple the sheets together.

Need help?

Give us a call Monday – Friday
from 6am – 5pm PT at

1-866-772-8464 or

1-844-888-2253 (TTY)

Mail the form to:

Oregon College Savings Plan

P.O. Box 9651

Providence, RI 02940-9651

Overnight Mail:

Oregon College Savings Plan

4400 Computer Drive

Westborough, MA 01581

1 Resigning Account Owner's information

Please provide the resigning Account Owner's information.

Name of resigning Account Owner (First and last)

___ / ___ / ___
Date of birth (mm/dd/yyyy)

OS _____

Oregon College Savings Plan account number

(for account numbers less than 11-digits, please use leading zeros)

2 Reason for change

(Select one)

- Divorce decree of resigning Account Owner
- Death or incapacitation of resigning Account Owner
- Transfer to the designated Beneficiary
(For UTMA/UGMA accounts, the Beneficiary must have reached the age of majority*)
- Other: _____

3 New Account Owner information

Please provide the new Account Owner's information to transfer the ownership of the account.

Who are you transferring ownership to? (Select one)

- The Beneficiary (who has reached the age of majority*) (Move on to **Step 4**)
- An Entity (Please include an **Entity Enrollment Form** with this form and move on to **Step 4**)
- Another individual (Fill out the information below)

Name (First and last)

__ __ / __ __ / __ __ __ __
Date of birth (mm/dd/yyyy)

How does the new Account Owner identify? As she As he Choose not to identify

____ - ____ - ____
Social Security or Taxpayer Identification Number

____ - ____ - ____
Telephone number

* The age of majority for most states is 18, with the following exceptions: Alabama (19), Mississippi (21), Nebraska (19).

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Relationship of the new Account Owner to the resigning Account Owner

- Child Spouse Grandchild Other relative Non-relative

Residential address

No P.O. boxes are accepted for a residential address.

Street address 1

Street address 2

City

State

____-____-____
ZIP Code

4 Work information

Providing employment information will help us understand how the account is being funded.

What is the new Account Owner's work status? (Select one)

- Employed
 Self-Employed
 Retired or Not Working



A What's the new Account Owner's occupation (Select one)

Answer if **employed** or **self-employed**:

- | | |
|---|--|
| <input type="radio"/> Accounting/Auditing | <input type="radio"/> Hospitality/Food |
| <input type="radio"/> Admin/Clerical | <input type="radio"/> Independent Investor |
| <input type="radio"/> Art/Antiques Dealer | <input type="radio"/> Information Technology |
| <input type="radio"/> Banking Professional | <input type="radio"/> Insurance |
| <input type="radio"/> Car/Boat/Airplane Dealer | <input type="radio"/> Legal Services |
| <input type="radio"/> Casino/Gaming | <input type="radio"/> Manufacturing/Production |
| <input type="radio"/> Construction/Skilled Trade | <input type="radio"/> Nonprofit Executive |
| <input type="radio"/> Creative/Design/Architectural | <input type="radio"/> Operations |
| <input type="radio"/> Defense/Military | <input type="radio"/> Other: |
| <input type="radio"/> Editorial/Writing/Publishing | _____ |
| <input type="radio"/> Education | (Please write in your occupation) |
| <input type="radio"/> Elected Official/Embassy | <input type="radio"/> Public Service |
| <input type="radio"/> Engineering/Science/R&D | <input type="radio"/> Retail/Sales/Real Estate |
| <input type="radio"/> Entertainment/Sports/Arts | <input type="radio"/> Student |
| <input type="radio"/> Financial Services | <input type="radio"/> Transportation/Warehousing |
| <input type="radio"/> Health Care Professional | |

B Please choose all of the new Account Owner's sources of income (Select all that apply)

Answer if **retired or not working**:

- Retirement Savings
 Spousal Support
 Social Security or Pension
 Other Government Services
 Other:

 (Please write in all other sources)

5 Communication preferences

Mailing address

P.O. boxes are accepted for a mailing address.

- Use the new Account Owner's residential address as the mailing address
(Leave address information below blank)

Street address 1

Street address 2

City

State

ZIP Code

Choose how you want to receive statements and tax forms for all the accounts you manage (Select one)

- Send digital tax forms, account information and quarterly statements by email
(Please answer **Step 5A** below)
- Send digital quarterly statements and account information by email, but send tax forms by U.S. mail*
(Please answer **Step 5A** below)
- Send quarterly statements, account information and tax forms by U.S. mail*
(The account will be charged \$10 per account, per year)
- A** What email address should we use?
Answer if you've chosen to receive items by email

Email

* All documents sent by U.S. mail will be mailed to the account's mailing address.

6 Verify Account Owner's identity

The new Account Owner must provide identification to prove their identity.

How to provide identification

Acceptable ID Documentation

Option A

Include a copy of a Department of Motor Vehicles State ID

Option B

Include a copy of both your Social Security card and your birth certificate

To help the government fight the funding of terrorism and money laundering, federal law requires us to obtain certain personal information: your name, address, date of birth, and Social Security number or taxpayer identification number and other information that will allow us to verify your identity. If we are unable to verify your identity, we may have to close your account or take other steps we think are necessary.

7 Sign the form

By signing this form, you're confirming the information you've provided is true for the change of the Account Owner.

- I have received, read and understand the **Plan Disclosure Booklet**.
- If the resigning Account Owner is deceased, I will submit a copy of a Death Certificate, Certificate of Domicile, and Letter of Testamentary with this form instead of a signature.
- By signing below, I am agreeing to the terms and conditions set forth below and in the **Plan Disclosure Booklet**. I understand and agree that those documents govern all aspects of this account and are incorporated herein by reference.
- I will retain a copy of the **Plan Disclosure Booklet** for my records. I understand that the Oregon College Savings Plan may, from time to time, amend the **Plan Disclosure Booklet**, and I understand and agree that I will be subject to the terms of those amendments.
- I certify that all of the information provided by me on this **Change Account Owner Form** is, and all information provided by me in the future will be, true, complete and correct and I authorize the Plan to open this account based upon this information.
- I understand that at any time the value of any account(s) to which I make contributions may be more or less than the amounts I contributed to such account(s).
- I understand that the Plan may, from time to time, amend the **Plan Disclosure Booklet** and I understand and agree that I will be subject to the terms of those amendments.

Signature of resigning Account Owner (unless deceased)

Date (mm/dd/yyyy)

Signature of new Account Owner

Date (mm/dd/yyyy)

8 A Medallion Signature Guarantee

If the resigning account owner is deceased, please provide a certified copy of a Death Certificate and the original Certificate of Domicile, and Letter of Testamentary for the Medallion Signature Guarantee with this form.

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and you cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the Oregon College Savings Plan account.
- Only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the **Plan Disclosure Booklet**.

Signature of resigning Account Owner (unless deceased)

Signature Guarantor

Title

Name of Institution

Date (mm/dd/yyyy)

Have the Authorized Officer stamp here