



**Important Information about a Change of Account Owner**

By completing this form, you intend to grant ownership of this Account to the designated new Account Owner. You revoke all rights to this Account and the new Account Owner is entitled to all benefits of account ownership upon establishment of the new Account.

**3 New Beneficiary Information** (You must provide complete information or the new Account cannot be opened.)

The Beneficiary must be a U.S citizen or resident alien and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened. Unless otherwise indicated in Section 3, all existing Plan Investment Portfolios will be transferred into an Account in the new Beneficiary's name.

Check this box if the Account Owner already maintains a Plan Account for the Beneficiary named below and provide the existing Portfolio and Account Number in the boxes below.

**New Beneficiary Information**

Existing Portfolio and Account Number, if any (Provide any one from your statement.)

New Beneficiary Name (First, MI, Last, Suffix)

Social Security Number or Taxpayer Identification Number, Gender (M/F), Date of Birth (mm-dd-yyyy)

Account Owner's Relationship to Beneficiary (optional)

Check this box if the Beneficiary lives with the Account Owner. If so, do not provide an address in the boxes below.

Residential Address (This must be a street address -- a P.O. Box is not acceptable under the U.S. Patriot Act.)

City, State, Zip, Country (if foreign address)

**Important Information about a Change of Beneficiary**

By completing this form, you intend to change the Beneficiary to a "member of the family" of the current Beneficiary, as defined by Section 529 of the Internal Revenue Code. This change is not permissible if it would cause the total account balance of the new Beneficiary's Account along with any other Accounts in the Network to exceed the Maximum Contribution Limit of \$310,000 for that Beneficiary. You will be notified if the intended change would cause this limit to be exceeded.

**4 Transfer Amount FROM each Investment Portfolio** (Check only one box.)

Tell us how much to transfer from this Account. Write a specific amount or percentage next to each Investment Portfolio to be transferred. **Note:** Transfers of funds from the Principal Plus Interest Portfolio to the Money Order Portfolio are not permitted.

Investment Portfolio Name (Portfolio Number)	Indicate the Outgoing Amount (in dollars OR percentage)	
	Dollars	Percentage
Age Based Portfolio	\$ , .	.00%
Target Allocation Portfolio - Aggressive (2806)	\$ , .	.00%
Target Allocation Portfolio - Moderate (2807)	\$ , .	.00%
Target Allocation Portfolio - Conservative (2808)	\$ , .	.00%
Diversified US Equity Portfolio (2811)	\$ , .	.00%
Diversified International Equity Portfolio (2816)	\$ , .	.00%
Diversified Fixed Income Portfolio (2818)	\$ , .	.00%
Balanced Index Portfolio (2813)	\$ , .	.00%
US Equity Index Portfolio (2812)	\$ , .	.00%
International Equity Index Portfolio (2815)	\$ , .	.00%
Social Choice Portfolio (2819)	\$ , .	.00%
Inflation Linked Bond Portfolio (2817)	\$ , .	.00%
Fixed Income Index Portfolio (2814)	\$ , .	.00%
Money Market Portfolio (2810)	\$ , .	.00%
Principal Plus Interest Portfolio (2809)	\$ , .	.00%
<b>Total OUTGOING Amount</b>	<b>\$ , .</b>	<b>100.00%</b>

## 5 Transfer Amount TO each Investment Portfolio

Select your Investment Portfolio(s) on the following page by indicating the incoming transfer amount you would like credited to each portfolio in dollars, **OR** as a percentage of the **TOTAL** amount being transferred. Note: If you allocate your incoming transfer amount to the Principal Plus Interest Portfolio, transfers made at a later date (including transfers where there is a change of the Beneficiary) from the Principal Plus Portfolio to the Money Market Portfolio will not be permitted.

- > If you indicate the amount in dollars, the total amount below must equal the total outgoing amount in Section 4.
- > If you indicate the amount as a percentage, the total allocation must equal 100%.

Investment Portfolio Name (Portfolio Number)	Indicate the Incoming Amount (in dollars OR percentage)		Is this a new Investment Portfolio?
	Dollars	Percentage	
Age Based Portfolio	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Target Allocation Portfolio - Aggressive (2806)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Target Allocation Portfolio - Moderate (2807)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Target Allocation Portfolio - Conservative (2808)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Diversified US Equity Portfolio (2811)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Diversified International Equity Portfolio (2816)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Diversified Fixed Income Portfolio (2818)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Balanced Index Portfolio (2813)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
US Equity Index Portfolio (2812)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
International Equity Index Portfolio (2815)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Social Choice Portfolio (2819)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Inflation Linked Bond Portfolio (2817)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Fixed Income Portfolio (2814)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Money Market Portfolio (2810)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Principal Plus Interest Portfolio (2809)	\$	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
<b>Total INCOMING Amount</b>	\$	<b>100.00%</b>	

## 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 change to another Beneficiary and acknowledge the following:**

- I certify that all of the information provided by me on this form is, and all information provided by me in the future will be, 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.
- 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.
- 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, or unless an updated *Payroll Deduction Form* accompanies this form to reallocate payroll contributions among my Account(s) for different Beneficiaries, if any.

**I certify that I am the Account Owner, or I have the authority to act as the Account Owner.** (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner, either a Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp appears on this form, as described below.<sup>1</sup>) If I am transferring my entire account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

\_\_\_\_\_  
Signature of Current Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner

\_\_\_\_\_  
Date

**AFFIX STAMP HERE**

**IMPORTANT INFORMATION**

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

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 Signature Validation Program 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.

**Mail this form to:**

Oregon College Savings Plan  
P.O. Box 55914  
Boston, MA 02205-5914