



Change Beneficiary / Transfer Funds Form

Important information about this form:

- Fill out this form to change the Beneficiary on a DreamAhead College Investment Plan (“the Plan”) account.
- Before completing this form, please make sure that the Account Owner’s information is correct by checking your account online or calling customer service.
- The new Beneficiary must qualify as a “Member of the Family” (biological and step parents, aunts, uncles, siblings, children, first cousins, nieces and nephews; parents, siblings, children, nieces and nephews by marriage; legally adopted children; and half-brothers or half-sisters) of the Beneficiary.
- You cannot change the Beneficiary on a DreamAhead account established as an UTMA/UGMA* account.
- A new account number will be assigned to the DreamAhead account when you change the Beneficiary.
- This change is not permissible if it would cause the total account balance of the new Beneficiary’s account along with any other accounts for the Beneficiary in DreamAhead or any other Section 529 plan operated by the State of Washington to exceed the Maximum Account Balance of \$500,000 for that Beneficiary. You will be notified if the intended change would cause this limit to be exceeded.
- A notarization acknowledgement is required for an Entity account or an account for which the individual completing the form is acting in a legal capacity as a representative of the Account Owner (**Step 8**).

Need help?

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

1-844-529-5845

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:

DreamAhead College
Investment Plan
PO Box 534421
Pittsburgh, PA 15253- 4421

Overnight Mail:

DreamAhead College
Investment Plan
Attention: 534421
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

833-286-8313

* Uniform Gift to Minors Act (UGMA)/Uniform Transfer to Minors Act (UTMA)

1 Account information

Name of Account Owner (First and last)

Current Beneficiary name (First and last)

Account Owner's Social Security or Taxpayer Identification Number

Current Beneficiary's Social Security or Taxpayer Identification Number

Account number
(Your account number may be 12 or 13 digits)

2 New Beneficiary information

Is the Account Owner the new Beneficiary?

- Yes** (Move on to Step 3).
 No (Fill out the information below).

New Beneficiary name (First and last)

New Beneficiary's Social Security or Taxpayer Identification Number

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

Relationship to the Account Owner

- Child Spouse Grandchild Other relative Non-relative

A Does this beneficiary already have a Plan account?

- Yes** (Enter the account number and move on to Step 3).

Account number
(Your account number may be 12 or 13 digits)

- No** (Please complete part B of this step).

B Residential address

No PO Boxes are accepted for a residential address.

Street address 1

Street address 2

City

State

ZIP Code

3 Transfer amount

If you choose to transfer the entire balance to the new Beneficiary, all of the funds will be transferred to the new Beneficiary's account and the current Beneficiary's account will be closed.

A Do you want to transfer the entire balance or a partial amount?

- Entire balance (Move on to **Step 4**).
- Partial amount (Fill out the amount below and complete part B of this step).

B Choose the portfolio(s) you want to withdraw money from.

There's a \$5 minimum withdrawal and you must have at least \$5 in a portfolio to keep it open. You can withdraw up to 95% of the total amount or the full amount.

For a full list of all the portfolio options and for important information about the investment options please see the **Program Details Booklet** before making a decision.

Please clearly print the portfolio name, code and amount you'd like to withdraw below. Reference the **Investment Portfolio Options Appendix** at the end of this form for a list of all portfolio names and codes.

_____	_____	\$ _____ , _____ . _____
Code	Portfolio name	Amount

_____	_____	\$ _____ , _____ . _____
Code	Portfolio name	Amount

_____	_____	\$ _____ , _____ . _____
Code	Portfolio name	Amount

_____	_____	\$ _____ , _____ . _____
Code	Portfolio name	Amount

_____	_____	\$ _____ , _____ . _____
Code	Portfolio name	Amount

\$ _____ , _____ . _____
Total transfer amount

4 Investment options

You can choose how to allocate the funds below. If you decide to change the investment options for the new beneficiary, it will not be considered an investment change.

For a full list of all the portfolio options, please visit the Plan website or see the **Program Details Booklet** for important information about the investment options before making a decision.

How would you like the funds transferred?

- Keep same allocations (Continue to **Step 5**)
- Allocate funds as shown below (Fill out the information below):

Please clearly print the portfolio name, code and amount you'd like to contribute below. Reference the **Investment Portfolio Options Appendix** at the end of this form for a list of all portfolio names and codes.

Code	Portfolio name	Percent
_____ %		
Code	Portfolio name	Percent
_____ %		
Code	Portfolio name	Percent
_____ %		
Code	Portfolio name	Percent
_____ %		
Code	Portfolio name	Percent
_____ %		

Total = 100%

5 Monthly contributions (Optional)

Only complete this step if you answered "No" for Step 2A.

Any monthly contributions previously set up on this account will be removed. Use this step to setup monthly contributions for the new Beneficiary (skip this step if you're moving money to an existing beneficiary's account). There's a \$5 minimum contribution to each portfolio. This will authorize us to initiate recurring ACH debits (direct withdrawals) from your bank account (from Step 6) each month on the day you indicate for the amount you set. You may cancel or change these recurring ACH debits (direct withdrawals) at any time online or by completing a **Manage Monthly Contributions Form**; however, we must receive your request at least 3 business days before you want it to become effective. We will continue to process transactions scheduled to occur before the end of the 3rd business day after you tell us to stop.

Would you like to make recurring monthly contributions?

Yes (Please complete this step and continue to **Step 6**)

No (Leave the information below blank and continue to **Step 7**)

Please clearly print the portfolio name, code and amount you'd like to contribute below. Reference the **Investment Portfolio Options Appendix** at the end of this form for a list of all portfolio names and codes.

Code Portfolio name \$ _____ , _____ . _____
Amount

Code Portfolio name \$ _____ , _____ . _____
Amount

Code Portfolio name \$ _____ , _____ . _____
Amount

Code Portfolio name \$ _____ , _____ . _____
Amount

Code Portfolio name \$ _____ , _____ . _____
Amount

Day of the month (1 – 28) If you don't pick a date, we'll automatically do it on the 1st of every month \$ _____ , _____ . _____
Total contribution amount

6 Bank account information (Optional)

Only complete this step if you answered “No” for Step 2A.

If you choose to make regular deposits and withdrawals with an ACH bank transfer, attach a voided check or copy of a bank statement showing the name, address, last 4 digits of the bank account number and complete the bank information below. Skip this step if you’re moving money to an existing beneficiary’s account. Please do not staple, use a paper clip for the check.

What type of documentation are you including to verify this bank account?

- Voided check
- Bank statement

Name on bank account

The Account Owner/Custodian or Beneficiary must own the bank account connected to the DreamAhead account.

Bank account holder signature

(If different from DreamAhead Account Owner/Custodian)

Bank account type Checking Savings

Bank name

____ _
Bank routing number

Bank account number

Need help?

You can find your bank information on the bottom of one of your checks here:

⑆000000000	⑆ 00000000000	⑆ 1000
Routing Number	Account Number	

7 Sign the form

By signing this form, I authorize the change of Beneficiary/transfer of funds 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.
- 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 making contributions by payroll deduction, I understand that contributions sent to the old account number by my employer will fail if I’ve selected “Entire balance” in **Step 3**. I understand and that once I receive a new account number for this account I will need to complete a new payroll deduction form and ask my employer to stop contributions to the old account number.
- I am aware that by providing banking information, I also authorize the Plan to automatically provide certain capabilities in connection with my account(s). This includes the ability to authorize withdrawals from my accounts via telephone or through this website provided my banking information has been on file for a minimum of 10 days. If I wish to remove these capabilities from my account(s), I must remove my banking information.
- I have checked that the Account Owner information on file for the DreamAhead account is correct.
- 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 on behalf of a representative of the Account Owner, or an Entity Account Owner, a notraization acknowledgement appears on this form, as described below.) If I am transferring my entire account balance, I request the cancellation of my **Participation Agreement** (as documented in the **Program Details Booklet**) and the closure of my account.

Signature of Account Owner/Authorized Representative of Entity

Date (mm/dd/yyyy)

8 Notarization acknowledgement

Only complete this step if you are acting on behalf of the Account Owner or you're an Entity Account Owner.

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the Account.

Only sign if you are in the presence of a notary public or other officer providing notarization.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this _____ day of _____, 20____ .
Day (#) Month Year

Signature of Account Owner/Authorized Representative of Entity

State of _____ County of _____

This instrument was acknowledged before me

physical presence online notarization

on _____
Date (mm/dd/yyyy)

by _____
Name of person (First and last)

My term expires: _____
Date (mm/dd/yyyy)

Notary Public (Seal)

Signature of Notary Public

Appendix – DreamAhead Investment Portfolio Options

For descriptions and details about all of these portfolio options, please go online to wastate529.wa.gov or see the **Program Details Booklet** for important information including descriptions, details, and risks about the investment options before making a decision.

Static Portfolios

Code	Portfolio Name
WACCP	Cash Preservation Portfolio
WACIN	Income Portfolio
WACCG	Income & Growth Portfolio
WACBA	Balanced Portfolio
WACMG	Conservative Growth Portfolio
WACGR	Moderate Growth Portfolio
WACAG	Growth Portfolio
WACEC	College Enrolled Conservative
WACEM	College Enrolled Moderate
WACEA	College Enrolled Growth

Year of Enrollment Portfolios

Conservative		Moderate		Growth	
Code	Year of Enrollment	Code	Year of Enrollment	Code	Year of Enrollment
WAC40	2040	WAM40	2040	WAA40	2040
WAC38	2038	WAM38	2038	WAA38	2038
WAC36	2036	WAM36	2036	WAA36	2036
WAC34	2034	WAM34	2034	WAA34	2034
WAC32	2032	WAM32	2032	WAA32	2032
WAC30	2030	WAM30	2030	WAA30	2030
WAC28	2028	WAM28	2028	WAA28	2028
WAC26	2026	WAM26	2026	WAA26	2026
WAC24	2024	WAM24	2024	WAA24	2024