



KENTUCKY Education Savings Plan Trust

Kentucky Education Savings Plan Trust Account Transfer Form (Intra-Plan Transfer)

Use this form to change the Account Owner and/or Beneficiary (for Individual and Entity Accounts only) Questions? Call toll-free 1-877-598-7878 P.O. Box 8100, Boston, MA 02266-8100 Visit www.kysaves.com

Instructions

- Read the *Disclosure Booklet* for information before making an intra-program transfer to a new Account Owner and/or new Beneficiary. You may wish to consult with your financial, legal and/or tax advisor before completing this form.
- If a change of Account Owner is requested, the new Account Owner must submit an *Account Application*, along with this form, except as described below. If a change of Beneficiary is requested, the new Beneficiary must be made to a "member of the family", as described in Section 529 of the Internal Revenue Code. Note: A change of Beneficiary is not permissible for custodial accounts (UGMA/UTMA).
- A new account number will be assigned to the Account opened for the new Account Owner and/or Beneficiary.
- A Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp¹ is required in Section 6 if an Entity Account Owner, or an Authorized Representative of an Individual Account Owner, completes this form. In addition, unless a Medallion Signature Guarantee is affixed to this form, any change of Account Owner or Beneficiary will result in a 30-day hold on withdrawals from the Account.
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Plan at the above address.

1 Current Account Information (You must provide complete information.)

1 9 7 0 - 0 1 2 3 4 5 6 7 8

Fund and Plan Account Number (Provide any one from your statement.)

J O H N A S A M P L E

Account Owner Name (First, MI, Last, Suffix), or Entity Name

A N N E M S A M P L E

Beneficiary Name (First, MI, Last, Suffix)

2 New Account Owner Information (You must provide complete information or the new Account cannot be opened.)

An Account Owner must meet the requirements set forth in the *Disclosure Booklet*, must have a Social Security Number or Taxpayer Identification Number and must provide a residential address. Unless otherwise indicated in Section 4, the balance in all existing Investment Options will be transferred into an Account in the new Account Owner's name.

Check this box if the new Account Owner already maintains a Plan Account with the Beneficiary named in Section 1 and provide the existing Fund and Account Number in the boxes below. If none exists, the new Account Owner must submit an Account Application along with this form.

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

M A R Y J S A M P L E

New Account Owner Name (First, MI, Last, Suffix), or Entity Name

1 2 5 M A I N S T R E E T

Residential Address or Entity's Principal Place of Business or Local Office (This must be a street address -- a P.O. Box is not acceptable under the U.S. Patriot Act.)

A N Y T O W N K Y 0 1 2 3 4

City, State, Zip

Mailing Address, if different from the above address

Mailing Address City, State, Zip

8 5 9 - 5 5 5 - 1 2 3 4

Day Telephone Number

8 5 9 - 5 5 5 - 1 2 3 4

Evening Telephone Number

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. Only one Account may be opened for each Account Owner/Beneficiary.

¹ A Medallion Signature Guarantee (MSG) or Signature Validation Program (SVP) Stamp generally may be obtained from a bank, savings and loan association, or a member of these recognized stock exchanges: Securities Transfer Agents Medallion Program (STAMP), Stock Exchanges Medallion Program (SEMP), and New York Stock Exchange Medallion Signature Program (MSP), and in some cases from a credit union provided it is authorized to guarantee signatures.

Investment Option Name	Indicate the Incoming Amount <i>(in dollars OR percentage)</i>							Is this a new Investment Option?	
	Dollars				Percentage				
Managed Allocation Option	\$			,			.	50.00%	<input checked="" type="checkbox"/> Yes OR <input type="checkbox"/> No
Active Equity Option (1970)	\$			,			.	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Equity Index Option (1969)	\$			,			.	25.00%	<input checked="" type="checkbox"/> Yes OR <input type="checkbox"/> No
Balanced Option (2006)	\$			,			.	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Fixed Income Option (1971)	\$			,			.	25.00%	<input checked="" type="checkbox"/> Yes OR <input type="checkbox"/> No
Guaranteed Option (1819)	\$			,			.	.00%	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Total INCOMING Amount	\$			,			.	100.00%	

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 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 an 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 *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 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 authorized representative of the Account Owner, including an Entity Account Owner, either a Medallion Signature Guarantee stamp or a Signature Validation Program (SVP) Stamp appears on this form, as described below.¹) If I am transferring my entire account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

John A Sample

Nov. 2, 2009

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

Date

IMPORTANT INFORMATION

If you are **changing the Account Owner**, a Medallion Signature Guarantee (MSG) stamp is required for all Entity Accounts and may be required if you are the Authorized Representative of an Individual Account. Unless a MSG stamp appears below, any change of Account Owner or Beneficiary will result in a 30-day hold on withdrawals. If you are **changing the Beneficiary**, a Signature Validation Program (SVP) Stamp is required for all Entity Accounts and may be required if you are the Authorized Representative of an Individual Account.

You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a MSG or SVP stamp will be affixed to this form.

Note: The SVP 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.

AFFIX STAMP HERE

Mail this form to:

Kentucky Education Savings Plan Trust
P.O. Box 8100
Boston, MA 02266-8100



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