



**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 valid Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened. Unless otherwise indicated in Section 4, all existing Investments 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 account number below.

**New Beneficiary Information**

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Account Number, if any. (Refer to your Account statement.)

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

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Social Security Number or Taxpayer Identification Number

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Gender (M/F)

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Date of Birth (mm-dd-yyyy)

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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.

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Residential Address (This must be a street address -- a P.O. Box is not acceptable.)

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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. If this change of Beneficiary causes the total aggregate market value of all accounts in the Program (including the Tomorrow's Scholar Plan and the Tuition Unit Option, which is no longer available for purchase) for the new Beneficiary to exceed the Maximum Account Balance Limit for that Beneficiary, you will be notified, and the excess amount will be rejected and returned. Please refer to the Disclosure Booklet for the Maximum Balance Limit.

**4 Transfer Amount FROM each Investment Option**

You can request a transfer of all or a portion of your Account. Note: if you request a PARTIAL transfer you must indicate the outgoing transfer amount either in dollars OR as a percentage of the Investment Option(s) you currently own.

- Transfer ENTIRE balance, including all Investment Options; OR
- Transfer a PARTIAL balance (Complete the information below to provide instructions in dollars OR as a percentage.)

Investment Option Name (Option Number)	Indicate the Outgoing Amount (in dollars OR percentage)										
	Dollars										Percentage
Age-Based Option	\$										.00%
Aggressive Age-Based Option	\$										.00%
Index-Based Aggressive Portfolio (3427)	\$										.00%
Index-Based Growth Portfolio (3428)	\$										.00%
Index-Based Moderate Growth Portfolio (3429)	\$										.00%
Index-Based Conservative Growth Portfolio (3430)	\$										.00%
Index-Based Income Portfolio (3431)	\$										.00%
Active-Based Aggressive Portfolio (3432)	\$										.00%
Active-Based Growth Portfolio (3433)	\$										.00%
Active-Based Moderate Growth Portfolio (3434)	\$										.00%
Active-Based Conservative Growth Portfolio (3435)	\$										.00%
Active-Based Income Portfolio (3436)	\$										.00%
Balanced Portfolio (3437)	\$										.00%
Large-Cap Stock Index Portfolio (3438)	\$										.00%
Small-Cap Index Portfolio (3439)	\$										.00%

Investment Option Name (Option Number)	Indicate the Outgoing Amount (in dollars OR percentage)						
	Dollars						Percentage
International Equity Index Portfolio (3440)	\$			,			.00%
Bond Index Portfolio (3441)	\$			,			.00%
U.S. Equity Active Portfolio (3442)	\$			,			.00%
U.S. Equity Index Portfolio (3443)	\$			,			.00%
Social Choice Portfolio (3444)	\$			,			.00%
Bank CD Portfolio (3445)	\$			,			.00%
Principal Plus Interest Portfolio (3446)	\$			,			.00%
<b>Total OUTGOING Amount</b>	\$			,			

## 5 Transfer Amount TO each Investment Option

Select your Investment Option(s) by indicating the incoming transfer amount you would like credited to each Option in dollars or as a percentage of the **TOTAL** amount being transferred.

- > If you indicate the amount in dollars, the Total Incoming Amount must equal the Total Outgoing Amount in Section 4.
- > If you indicate the amount as a percentage, the total allocation must equal 100%.

Complete only one column in either dollars or as a percentage.

Investment Option Name (Option Number)	Indicate the Incoming Amount (in dollars OR percentage)						
	Dollars						Percentage
Age-Based Option	\$			,			.00%
Aggressive Age-Based Option	\$			,			.00%
Index-Based Aggressive Portfolio (3427)	\$			,			.00%
Index-Based Growth Portfolio (3428)	\$			,			.00%
Index-Based Moderate Growth Portfolio (3429)	\$			,			.00%
Index-Based Conservative Growth Portfolio (3430)	\$			,			.00%
Index-Based Income Portfolio (3431)	\$			,			.00%
Active-Based Aggressive Portfolio (3432)	\$			,			.00%
Active-Based Growth Portfolio (3433)	\$			,			.00%
Active-Based Moderate Growth Portfolio (3434)	\$			,			.00%
Active-Based Conservative Growth Portfolio (3435)	\$			,			.00%
Active-Based Income Portfolio (3436)	\$			,			.00%
Balanced Portfolio (3437)	\$			,			.00%
Large-Cap Stock Index Portfolio (3438)	\$			,			.00%
Small-Cap Index Portfolio (3439)	\$			,			.00%
International Equity Index Portfolio (3440)	\$			,			.00%
Bond Index Portfolio (3441)	\$			,			.00%
U.S. Equity Active Portfolio (3442)	\$			,			.00%
U.S. Equity Index Portfolio (3443)	\$			,			.00%
Social Choice Portfolio (3444)	\$			,			.00%
Bank CD Portfolio (3445)	\$			,			.00%
Principal Plus Interest Portfolio (3446)	\$			,			.00%
<b>Total Incoming Amount</b>	\$			,			<b>100%</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 to change the Beneficiary as indicated on this form. I acknowledge the following:**

- I certify that all of the information provided by me on this form is 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 and I have provided the existing account number in Section 2.
- 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. I understand that my existing banking information and successor account owner information, if any, will be copied to the new account.
- 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.
- If I am transferring my entire account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

**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>)

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

\_\_\_\_\_  
*Date*

### 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 Account Owner. 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 Account Owner. Unless a Medallion Signature Guarantee appears below, any change of the Account Owner or Beneficiary will result in a 30-day hold on withdrawals from the 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 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.

**AFFIX STAMP HERE**



**Mail This form to:**

#### Overnight Mail

Edvest College Savings Plan  
30 Dan Road  
Canton, MA 02021-2809

#### Regular Mail

Edvest College Savings Plan  
P.O. Box 55189  
Boston, MA 02205-5189

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<sup>1</sup> Medallion Signature Guarantees and Signature Validation Program (SVP) Stamps are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.