

# TRANSFER BETWEEN ACCOUNTS



**✓ USE THIS FORM TO:**

- Transfer assets from one existing Account to another existing Account within the Plan where the Beneficiary remains the same or the Beneficiaries are related as defined by the IRS.

**x DO NOT USE THIS FORM TO:**

- Remove a Custodian. Use the [Custodian](#) form.
- Roll over assets from another qualified 529 plan. Use the [Rollover](#) form.
- Open a new Account. Use the [New Account Agreement](#) form or open a new Account online at [AK529plan.com](http://AK529plan.com).
- Move one Account to another Account where the Beneficiaries are not related. Use the [Beneficiary Change](#) form.



This stamp indicates a signature guarantee is required.



This paper clip indicates you may need to attach documentation.

**RETURN THIS FORM TO:**

Alaska 529  
P.O. Box 17302  
Baltimore, MD 21297-1302

**EXPRESS MAIL ONLY:**

Alaska 529  
Mail Code 17302  
4515 Painters Mill Road  
Owings Mills, MD 21117-4903

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.

## 1 ORIGINATING ACCOUNT

Account Holder (Trust name, if applicable)		SSN (Last 4 digits)
Beneficiary		SSN (Last 4 digits)
Custodian/Trustee/Purchaser (if applicable)		SSN (Last 4 digits)
Phone Number	Email address	

**By signing this form, I understand and hereby certify that:**

- I authorize this transaction from my Account(s).
- I certify that the Beneficiary of the receiving Account is a Member of the Family of the former Beneficiary as defined in the Plan Disclosure Document.
- The information on this form is accurate, and I agree to hold harmless the Trust, the Trustee, T. Rowe Price, and the University of Alaska for any claims arising as a result of misrepresentations made by me.
- I understand that it is my responsibility to maintain accurate records as may be required by the IRS to substantiate this change.
- All signatures on this form are genuine signatures of the respective individuals or their legal guardians.
- If I transfer out of the University of Alaska Portfolio, I will lose my Tuition-Value Guarantee.

**NOTE:** For Accounts with a Purchaser or Alternate Beneficiaries, additional signatures are required in Section 3. If signing as Successor Account Holder, submit a copy of the deceased Account Holder's death certificate.

### SIGNATURE AND DATE REQUIRED

Originating Account Holder, Custodian (if Account Holder is a minor), Trustee, or Successor Account Holder Date (mm/dd/yyyy)

**X**

Print Name

Account Number (REQUIRED)

Portfolio Name

Full Account  Partial Account:                      % or \$

For more Accounts, check this box and attach a [separate page](#).

- Permanent Fund Dividend (PFD) Allocation.** If this is a full transfer, future PFD contributions will be directed to the receiving Account(s) unless you check here. If there is a PFD coming from a third party, the PFD contribution will not be transferred to the receiving Account(s). The PFD applicant will need to contact us to provide direction for their PFD contribution.

**NOTE:** Banking, payroll services, and Automatic Monthly Contributions (AMC) will not be transferred to the receiving Account(s). Please complete an [Account Services](#) form or log into your Account online to establish these services.

**NOTE:** GoTuition® will not automatically carry over to the new portfolio or new Account, but the receiving Account Holder can log into their Account to activate GoTuition® at any time. A full Account transfer or Beneficiary change will close the originating Account; the originating Account Holder should contact us to reopen the Account if future gift contributions will be received.

**Signature Guarantee** (Required if the transfer amount is \$100,000 or more.)

You can obtain the Medallion signature guarantee from most banks, savings institutions, or broker-dealers. We cannot accept guarantees from notaries public or non-Medallion guarantors. The level of coverage provided by the guarantor's stamp must cover the dollar amount of the transaction or it may be rejected.

### MEDALLION SIGNATURE GUARANTEE—PLACE MEDALLION STAMP BELOW

GoTuition is a trademark of T. Rowe Price Group, Inc.



## 2 RECEIVING ACCOUNT HOLDER OR CUSTODIAN

Provide the existing Account number and portfolio.

Account Number (REQUIRED)
Portfolio Name

By signing this form, I understand and hereby certify that:

- I authorize this transfer to my Account(s).
- The information on this form is accurate, and I agree to hold harmless the

- Trust, the Trustee, T. Rowe Price, and the University of Alaska for any claims arising as a result of misrepresentations made by me.
- All signatures on this form are genuine signatures of the respective individuals or their legal guardians receiving the assets.

### SIGNATURE AND DATE REQUIRED

Receiving Account Holder, Custodian (if Account Holder is a minor), or Trustee	Date (mm/dd/yyyy)
<b>X</b>	
Print Name	

## 3 CONSENT OF PURCHASER & ALTERNATE BENEFICIARIES (if applicable)

University of Alaska Portfolios with an Account number smaller than 6655 that have an identified Purchaser and/or Alternate Beneficiaries must have all parties consent to this change by signing below.

### Purchaser Consent

By signing below, I hereby consent to and authorize this change. I understand that my consent waives any and all rights I may have to the Account and that I will be removed from the Account registration. I certify that this approval is given by my own free will and that I did not and will not receive any compensation or other consideration in exchange for this consent.

### SIGNATURE AND DATE REQUIRED

Purchaser	Date (mm/dd/yyyy)
<b>X</b>	
Print Name	

### Alternate Beneficiary Consent

By signing below, I hereby consent to and authorize this change. I certify that this approval is given of my own free will and that I did not and will not receive any compensation or other consideration in exchange for this consent. I understand that my consent waives any and all rights I may have to the Account and that I will be removed from the Account registration. If this consent is being given on behalf of an unemancipated minor, I further certify that I am legally authorized to act on behalf of said minor.

### SIGNATURE(S) AND DATE(S) REQUIRED

1. Alternate Beneficiary or Legal Guardian	Date (mm/dd/yyyy)
<b>X</b>	
1. Print Name	
2. Alternate Beneficiary or Legal Guardian	Date (mm/dd/yyyy)
<b>X</b>	
2. Print Name	
3. Alternate Beneficiary or Legal Guardian	Date (mm/dd/yyyy)
<b>X</b>	
3. Print Name	

