

**Use this form to transfer funds between  
CollegeCounts 529 Fund Direct Plan Accounts.**

If you have questions, please call us at **866.529.2228**,  
Monday–Friday, 7 a.m. to 7 p.m. (Central).

**1. Account Information**

Account Owner Legal Name (First, M.I., Last): \_\_\_\_\_

Account Owner Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

**2. Transfer Funds Between CollegeCounts 529 Fund Direct Plan Accounts**

**Transfer Funds From:**

Account Number: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

**Transfer Funds to:**

Account Number: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

- **Important:** The beneficiaries named on the two above-referenced accounts must be related as members of the family. See the Program Disclosure Statement for the definition of “Member of the Family”. Otherwise, the Fund Transfer Form cannot be used. Instead, a nonqualified withdrawal must be requested. The earnings portion of a nonqualified withdrawal is subject to federal and state income taxes, a 10% federal penalty tax, and potential recapture taxes.

**Relationship between Beneficiaries on the Accounts**

(i.e. brother, sister, first cousin, etc.): \_\_\_\_\_

**Amount to Transfer (check one)**

- Partial Transfer: \$ \_\_\_\_\_ or \_\_\_\_\_ %
- Entire Balance
- Entire Balance and Close Account

**3. Authorization**

By signing below, I certify that I am the Account Owner of the Accounts indicated on this form and that the information contained herein is true, complete, and correct.

**Signature and Date Required**

**X** \_\_\_\_\_

Signature of Account Owner or Trustee

Date

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Title (if other than an individual)