CollegeAdvantage Direct 529 Savings Plan

Beneficiary Change Form

529 CollegeAdvantage

- Complete this form if you are transferring to a new Beneficiary, within your account ownership, all or part of the balance in the Account of your existing Beneficiary.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Important: To avoid adverse tax consequences on the Account transfer, the new Beneficiary must be a Member of the Family of the existing Beneficiary, as defined in the CollegeAdvantage 529 Direct Savings Plan Offering Statement and Participation Agreement. If the new Beneficiary is not an Eligible Family Member, the change will be considered a non-qualified distribution resulting in the filing of IRS Form 1099-Q, which means that it will be subject to both State of Ohio and federal income tax and a 10% federal penalty tax on any earnings.

A change in Beneficiary may result in gift tax or generation-skipping transfer tax. Please consult your tax advisor before completing this form.

Forms can be downloaded from our website at **www.CollegeAdvantage.com**, or you can call us to order any form — or request assistance in completing this form — at **1-800-AFFORD-IT** (233-6734) Monday through Friday from 8:30 a.m. to 6 p.m. Eastern Time.

Return this form and any other required documents to:
CollegeAdvantage Direct 529 Savings Plan
P.O. Box 219305
Kansas City, MO 64121-9305

For overnight delivery or registered mail, send to:
CollegeAdvantage Direct 529 Savings Plan
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Existing Account information

☐☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number

☐☐☐
Name of Account Owner *(first, middle initial, last)*

☐☐☐ – ☐☐☐ – ☐☐☐☐
Telephone Number *(In case we have a question about your Account.)*

☐☐☐
Name of Existing Beneficiary *(first, middle initial, last)*

☐☐☐ – ☐☐ – ☐☐☐☐
Existing Beneficiary Social Security Number or Taxpayer Identification Number ***(Required)***

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2. New Beneficiary information

Name of New Beneficiary *(first, middle initial, last)*

New Beneficiary Social Security Number or Taxpayer Identification Number ***(Required)***

Birth Date of New Beneficiary *(mm/dd/yyyy)*

Citizenship *(If other than U.S. citizen, please indicate country of citizenship.)*

Relationship of the new Beneficiary to existing Beneficiary

☐ Check here if new Beneficiary address is the same as Account Owner's mailing address and go to the next section. If the new Beneficiary's mailing address is different, complete below.

New Beneficiary's Residential address (*Including apartment number if applicable*)

City

State

Zip Code

3. Transfer amount *(Check and complete **Section 3A** or **3B**.)*

Fifth Third 529 CDs—If you are transferring from a CD, it is by definition not yet mature. Mature CDs are systematically redeemed at maturity and the redemption value placed in a Fifth Third 529 Savings Account, which was established for you when the CD was opened. When a CD is transferred to another investment option, the CD is liquidated, and any applicable early redemption penalty is applied.

CD Early Withdrawal Penalty—If you redeem a 3- to 11- month CD before at least half that stated term is over, or a 12- to 144-month CD before at least a third of the term is over, you may lose all the interest accrued and possibly part of your principal. Maturity date must be within 30 days of the Ohio Tuition Trust Authority's receipt of this form and cannot cross calender years (i.e., withdrawal request received December 20, maturity date January 4). If maturity date is more than 30 days away, or maturity date occurs in the next calender year, CD will be liquidated upon receipt of this form, and any applicable early redemption penalty will be applied to the redemption.

CD Partial Transfer—If you redeem a CD and only request that part of the redemption value be transferred to a different investment option, the remaining balance from the redemption will be placed in your Fifth Third 529 Savings Account.

A. ☐ **Entire balance.** CollegeAdvantage Direct 529 Savings Plan will change the Beneficiary on your Account and will assign you a new Account number if you do not already have an Account for the new Beneficiary. Once the transfer is completed, the old Account will be closed.

Is there already an Account for the new Beneficiary? *(Check one.)*

☐ **Yes.** ☐☐☐☐☐☐☐☐☐☐ — ☐☐
Account Number

(If you select Yes above, go straight to **Section 7**, **Sections 4** through **6** will be ignored if completed.)

☐ **No.** **Complete all remaining sections.**

B. ☐ **Partial balance.** CollegeAdvantage Direct will keep the Account for the existing Beneficiary open. The dollar amount you specify below will be transferred to the new Beneficiary's Account.

Note: If the existing Account includes more than one Investment Option, the dollar amount or percentage will be taken on a proportional basis from each Investment Option.

Name of Investment Option	**Dollar amount** *(For partial amounts.)*	**OR**	**Percentage**
	$ ☐☐☐,☐☐☐.☐☐		☐☐☐ %
	$ ☐☐☐,☐☐☐.☐☐		☐☐☐ %
	$ ☐☐☐,☐☐☐.☐☐		☐☐☐ %

Do you already have an Account for the new Beneficiary? *(Check one.)*

☐ **Yes.** ☐☐☐☐☐☐☐☐☐☐ — ☐☐
Account Number

(If you select Yes above, go straight to **Section 7**, **Sections 4** through **6** will be ignored if completed.)

☐ **No.** **Complete all remaining sections.**

Note: If the amount you want transferred exceeds the maximum contribution limit, the excess will remain in the existing Account for your existing Beneficiary.

4. Investment Option selection *(Check A or B - continued on next page.)*

- Before choosing your Investment Options, see the CollegeAdvantage Direct 529 Savings Plan *Offering Statement and Participation Agreement (available at **www.CollegeAdvantage.com**)* for complete information about the Investment Options offered. You must allocate at least **1%** of your contributions to each Investment Option you choose. Use whole percentages only.

A. ☐ I want to keep the same investment allocation (s) for my new Beneficiary.

Note: If you are invested in an Age-Based Option(s) and the new Beneficiary is in a different age bracket than the former Beneficiary, your asset allocation may change.

If you wish to **keep the same investment allocations** and you have a **Fifth Third Certificate of Deposit**, please indicate the CD maturity below. Any CDs must be closed and re-opened under the new Beneficiary name. Please select one of the options below:

1. ☐ Keep the same **TERM** of the original CD. Example: If the original CD Term was 12 months with 3 months left, you will purchase a 12-month Term CD.

Note: See the CollegeAdvantage Direct 529 Savings Plan *Offering Statement and Participation Agreement (available at **www.CollegeAdvantage.com**)* for complete information on the Investment Options you are considering.

2. ☐ Keep the same **approximate MATURITY DATE** of the original CD. Example: If the original CD Term was 12 months with 3 months left, you will purchase a 3-month Term CD.

Note: When CD term changes, the associated APY changes as well.

(see next page for item 4B.)

B. ☐ I want to select new investment allocations or purchase a new Certificate of Deposit.

1. Investment Portfolios

- You must allocate at least **1%** of your contributions to each Investment Option that you choose. Use whole percentages only.
- Your investment percentages must total **100%.**
- The assets will remain in the portfolio you select until you exchange them into a new Investment Option.

Vanguard Ohio Target Enrollment Portfolios

(Your investment mix automatically becomes more conservative as the beneficiary nears the target enrollment year.)

Vanguard Ohio Target Enrollment 2044/2045 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2042/2043 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2040/2041 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2038/2039 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2036/2037 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2034/2035 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2032/2033 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2030/2031 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2028/2029 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2026/2027 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2024/2025 Portfolio ☐☐☐ %
Vanguard Ohio Commencement Portfolio ☐☐☐ %

Year of Enrollment Date Portfolios

The asset allocation of money invested in the Year of Enrollment Date Portfolios is automatically adjusted over time to become more conservative as the Beneficiary approaches enrollment. Your assets will be automatically invested in the Year of Enrollment Date Portfolio that matches your Beneficiary's date of birth.

Advantage Age-Based Portfolio ☐☐☐ %

Ready-Made Risk-Based Portfolios

Vanguard Aggressive Growth Index Portfolio ☐☐☐ %
Vanguard Growth Index Portfolio ☐☐☐ %
Vanguard Moderate Growth Index Portfolio ☐☐☐ %
Vanguard Conservative Growth Index Portfolio ☐☐☐ %
Vanguard Income Portfolio ☐☐☐ %

Individual Investment Options

MUTUAL FUND BASED OPTIONS

International Equity Options (Stocks)

Dimensional Fund Advisors - World ex U.S. Core Equity Portfolio ☐☐☐ %
Vanguard Total International Stock Index Option ☐☐☐ %

U.S. Equity Options (Stocks)

Vanguard Strategic Equity Option ☐☐☐ %
Vanguard Extended Market Index Option ☐☐☐ %
Vanguard U.S. Growth Option ☐☐☐ %
Vanguard Windsor II Option ☐☐☐ %
Vanguard 500 Index Option ☐☐☐ %

Balanced Option (Mix of Stocks and Bonds)

Vanguard Wellington Option ☐☐☐ %

Fixed Income Options (Bonds)

Vanguard High Yield Corporate Option ☐☐☐ %
Dimensional Fund Advisors - DFA Investment Grade Portfolio ☐☐☐ %
Vanguard Total Bond Market Index Option ☐☐☐ %
Vanguard Short-Term Inflation-Protected Securities Index Option ☐☐☐ %

Capital Preservation Option (Cash)

Interest Accumulation Portfolio ☐☐☐ %

BANKING OPTIONS (Cash)
(FDIC-insured to certain limits)

Fifth Third 529 Savings Account ☐☐☐ %

Total 1 0 0 %

- **BANKING OPTIONS – Fifth Third 529 CD**

☐ **Fifth Third 529 Certificate of Deposit (CD).** CDs require a **$500 minimum contribution**. CD terms are available between 3 months and 144 months (12 years). Please enter the desired term of the CD (number of months). Example: for a 5-year CD you would enter 060. **PLEASE NOTE:** Your future allocation will default to 100% Fifth Third 529 Savings Account unless you log in to your account and update your Future Contribution Allocation Instructions.

$ ☐☐☐,☐☐☐.☐☐ Dollar Amount

CD ☐☐☐ Term

5. Successor Owner information *(Optional)*

- The Successor Owner will take over control of the Account in the event of your death or legal incompetence.
- The person you designate as Successor Owner **must be at least 18 years old.**
- To change an existing Successor Owner, please go online at **www.CollegeAdvantage.com** or complete an Account Information Change Form.
- You may revoke or change the Successor Owner at anytime. See the CollegeAdvantage Direct 529 Savings Plan *Offering Statement and Participation Agreement* for more information.

☐ I want to have the same Successor Owner for the new Beneficiary.

6. Automatic Investment Plan (AIP) *(Optional. This option is only available if 100% is being transferred to the new account.)*

Through AIP, you can have funds transferred electronically—on a regular basis—from your bank, savings and loan, or credit union account to your CollegeAdvantage Direct Account. Your contribution will be credited to your CollegeAdvantage Direct Account on the business day before it is debited from your bank account. You may add, change, or delete bank information, or change the investment amount and frequency at any time by logging on to your Account at **www.CollegeAdvantage.com.**

☐ I would like to continue my existing AIP for the new Beneficiary.

Note: If you are transferring partial balances, you will need to establish AIP instructions for the new and/or existing Beneficiary(s).

7. SIGNATURE—YOU MUST SIGN BELOW

We must have your signature to certify and process this form. By signing below, I certify that:

- I AM AGREEING TO THE TERMS OF THE CURRENT *OFFERING STATEMENT AND PARTICIPATION AGREEMENT* AND THE TERMS OF THIS FORM. I UNDERSTAND THAT I SHOULD CONSULT A FINANCIAL OR LEGAL ADVISOR IF I HAVE ANY QUESTIONS ABOUT THE TERMS AND CONDITIONS OF THIS AGREEMENT. MY SIGNATURE BELOW INDICATES I HAVE READ AND UNDERSTAND THE CURRENT *OFFERING STATEMENT AND PARTICIPATION AGREEMENT* FOR THE COLLEGEADVANTAGE DIRECT 529 SAVINGS PLAN OFFERED EXCLUSIVELY THROUGH THE OHIO TUITION TRUST AUTHORITY, AND AGREE TO THE TERMS THEREIN AND HEREIN. THIS FORM, TOGETHER WITH THE *OFFERING STATEMENT AND PARTICIPATION AGREEMENT*, CONSTITUTES MY CONTRACT WITH THE OHIO TUITION TRUST AUTHORITY WITH RESPECT TO AMOUNTS INVESTED IN THE PLAN.
- The information provided on this form is true and correct. The new Beneficiary and myself are US citizens or resident aliens. The Social Security numbers in **Sections 1 and 2** are correct.
- The Tuition Trust is authorized to recognize only my signature below for the withdrawal of funds or transactions of any other business regarding this account until written notice to the contrary is received and accepted by the Tuition Trust.
- In accordance with federal law, I understand the CollegeAdvantage Program Administrators are required to obtain my name, residential or business address, Social Security or Tax Identification Number, driver's license or state-issued I.D. Card number, and date of birth in order to verify my identity and for tax reporting purposes. In addition, my signature below authorizes Tuition Trust personnel to access my personal confidential information as necessary for the administration of my Account. The information I provide may be shared with third parties for the purpose of verification subject to the terms of the CollegeAdvantage Administrators' privacy policies. The Tuition Trust is unable to accept this new Account if any required information is not provided. If the CollegeAdvantage Program Administrators are unable to verify the Account Owner's identity, this Account will be closed and the assets in the Account distributed at the share value.

- If I am not an Ohio resident or taxpayer, I understand that the state in which I or my Beneficiary resides may offer state tax or other benefits to its residents or taxpayers who invest in that state's 529 Plan.
- I understand that any investment in a CollegeAdvantage mutual fund-based investment option is not insured or guaranteed by the FDIC or any other governmental agency or other party, including the State of Ohio, the Ohio Tuition Trust Authority or any of the mutual fund firms under contract with OTTA. Any investment in a Fifth Third investment option, however is insured by the FDIC, up to the limits set by the FDIC. An investment in a CollegeAdvantage mutual fund-based investment option is not a direct investment in a mutual fund itself. Except for the Fifth Third investment options, participants assume all investment risk of an investment in CollegeAdvantage, including the potential loss of principal. I understand that the value of my account will vary depending on market conditions and the performance of the Investment Option(s) I select. Regular investing does not ensure a profit or protect against a loss. The amount actually available for withdrawal will depend on the investment performance of the investment options chosen and may not provide the qualified higher education expenses for my Beneficiary.

Print Name of Existing Account Owner ***(Required)***

SIGNATURE

Signature of Existing Account Owner ***(Required)***

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Date *(mm/dd/yyyy)*

Your signature must be notarized and dated on the same date as the notarization. We cannot accept a signature guarantee in place of a notary's seal.

Before me, a Notary Public in and for _____ , _____ , this document was
County State

acknowledged before me on _____, by _____who certifies the
Full Date Current Account Owner

correctness of the signature above.

SIGNATURE

Signature of Notary

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

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