



# Change Beneficiary / Transfer Funds Form

## Important information about this form:

- Fill out this form to change the Beneficiary on an Oregon College Savings Plan account.
- Before completing this form, please make sure that the Account Owner's information is correct by checking your account online or calling customer service.
- The new Beneficiary must qualify as a "Member of the Family" (biological and step parents, aunts, uncles, siblings, children, first cousins, nieces and nephews; parents, siblings, children, nieces and nephews by marriage; legally adopted children; and half-brothers or half-sisters) of the Beneficiary.
- You cannot change the Beneficiary on an Oregon College Savings Plan account established as an UTMA/UGMA\* account.
- A new account number will be assigned to the Oregon College Savings Plan account when you change the Beneficiary.
- This change is not permissible if it would cause the total account balance of the new Beneficiary's account along with any other accounts for the Beneficiary in Oregon College Savings Plan or any other Section 529 plan operated by the State of Oregon to exceed the Maximum Account Balance of \$400,000 for that Beneficiary. You will be notified if the intended change would cause this limit to be exceeded.
- A notarization acknowledgement is required for an Entity (for trusts and organizations) account or an account for which the individual completing the form is acting in a legal capacity as a representative of the Account Owner **(Step 8)**.

## Need help?

Give us a call Monday – Friday  
from 6am – 5pm PT at  
**1-866-772-8464**

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

## Mail the form to:

Oregon College Savings Plan  
P.O. Box 534440  
Pittsburgh, PA 15253- 4440

## Overnight Mail:

Oregon College Savings Plan  
Attention: 534440  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

## Fax

833-286-8172

\* Uniform Gift to Minors Act (UGMA)/Uniform Transfer to Minors Act (UTMA)

## 1 Account information

\_\_\_\_\_  
Name of Account Owner (First and last)

\_\_\_\_\_  
Current Beneficiary name (First and last)

\_\_\_\_\_  
Account Owner's Social Security or  
Taxpayer Identification Number

\_\_\_\_\_  
Current Beneficiary's Social Security or  
Taxpayer Identification Number

\_\_\_\_\_  
Account number  
(Your account number may be 12 or 13 digits)

## 2 New Beneficiary information

Is the Account Owner the new Beneficiary?

- Yes (Move on to **Step 3**).
- No (Fill out the information below).

\_\_\_\_\_  
New Beneficiary name (First and last)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of birth (mm/dd/yyyy)

\_\_\_\_\_  
New Beneficiary's Social Security or  
Taxpayer Identification Number

### A Does this beneficiary already have a Plan account?

- Yes (Enter the account number and move on to **Step 3**).

\_\_\_\_\_  
Account number  
(Your account number may be 12 or 13 digits)

- No (Please complete part B of this step).

### B Residential address

No PO Boxes are accepted for a residential address.

\_\_\_\_\_  
Street address 1

\_\_\_\_\_  
Street address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

New Beneficiary information continued

**Relationship to the Account Owner**

- Child    
  Spouse    
  Grandchild    
  Other relative    
  Non-relative

**3 Transfer amount**

If you choose to transfer the entire balance to the new Beneficiary, all of the funds will be transferred to the new Beneficiary's account and the current Beneficiary's account will be closed.

**A Do you want to transfer the entire balance or a partial amount?**

- Entire balance (Move on to **Step 4**).  
 Partial amount (Fill out the amount below and complete part B of this step).

**B Choose the portfolio(s) you want to withdraw money from.**

There's a \$5 minimum withdrawal per portfolio and you must have at least \$5 in a portfolio to keep it open. You can withdraw up to 95% of the total amount or the full amount.

For a full list of all the portfolio options and for important information about the investment options please see the **Plan Disclosure Booklet** before making a decision.

Please clearly print the portfolio name, code and amount you'd like to withdraw below. Reference the **Portfolio Options Appendix** at the end of this form for a list of all portfolio names and codes.

Code	Portfolio name	\$ _____ , _____ . _____
		<b>Amount</b>
Code	Portfolio name	\$ _____ , _____ . _____
		<b>Amount</b>
Code	Portfolio name	\$ _____ , _____ . _____
		<b>Amount</b>
Code	Portfolio name	\$ _____ , _____ . _____
		<b>Amount</b>
Code	Portfolio name	\$ _____ , _____ . _____
		<b>Amount</b>

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
**Total transfer amount**

## 4 Investment options

You can choose how to allocate the funds below. If you decide to change the investment options for the new beneficiary, it will not be considered an investment change.

For a full list of all the portfolio options, please go visit the Plan website or see the **Plan Disclosure Booklet** for important information about the investment options before making a decision.

How would you like the funds transferred?

- Keep same allocations (Continue to **Step 5**)
- Allocate funds as shown below (Fill out the information below):

Please clearly print the portfolio name, code and amount you'd like to contribute below. Reference the **Portfolio Options Appendix** at the end of this form for a list of all portfolio names and codes.

Code	Portfolio name	Percent
_____ %		
Code	Portfolio name	Percent
_____ %		
Code	Portfolio name	Percent
_____ %		
Code	Portfolio name	Percent
_____ %		
Code	Portfolio name	Percent
_____ %		

Total = 100%

## 5 Monthly contributions (Optional)

Only complete this step if you answered “No” for **Step 2A**.

Any monthly contributions previously set up on this account will be removed. Use this step to setup monthly contributions for the new Beneficiary (skip this step if you’re moving money to an existing beneficiary’s account). There’s a \$5 minimum contribution to each portfolio. This will authorize us to initiate recurring ACH debits (direct withdrawals) from your bank account (from **Step 6**) each month on the day you indicate for the amount you set. You may cancel or change these recurring ACH debits (direct withdrawals) at any time online or by completing a **Manage Monthly Contributions Form**; however, we must receive your request at least 3 business days before you want it to become effective. We will continue to process transactions scheduled to occur before the end of the 3rd business day after you tell us to stop.

Would you like to make recurring monthly contributions?

**Yes** (Please complete this step and continue to **Step 6**)

**No** (Leave the information below blank and continue to **Step 7**)

Please clearly print the portfolio name, code and amount you’d like to contribute below. Reference the **Portfolio Options Appendix** at the end of this form for a list of all portfolio names and codes.

\_\_\_\_ Code      \_\_\_\_\_ Portfolio name      \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ Amount

\_\_\_\_ Code      \_\_\_\_\_ Portfolio name      \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ Amount

\_\_\_\_ Code      \_\_\_\_\_ Portfolio name      \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ Amount

\_\_\_\_ Code      \_\_\_\_\_ Portfolio name      \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ Amount

\_\_\_\_ Code      \_\_\_\_\_ Portfolio name      \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ Amount

\_\_\_\_ Day of the month (1 – 28) If you don’t pick a date, we’ll automatically do it on the 1st of every month      \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ Total contribution amount

## 6 Bank account information (Optional)

Only complete this step if you answered "No" for Step 2A.

If you choose to make regular deposits and withdrawals with an ACH bank transfer, attach a voided check or copy of a bank statement showing the name, address, last 4 digits of the bank account number and complete the bank information below. Please do not staple, use a paper clip for the check.

What type of documentation are you including to verify this bank account?

- Voided check
- Bank statement

\_\_\_\_\_  
**Name on bank account**

The Account Owner/Custodian or Beneficiary must own the bank account connected to the Plan account.

\_\_\_\_\_  
**Bank Account Holder Signature**

(If different from Plan Account Owner/Custodian)

**Bank account type**     Checking     Savings

\_\_\_\_\_  
**Bank name**

\_\_\_\_\_  
**Bank routing number**

\_\_\_\_\_  
**Bank account number**

**Need help?**

You can find your bank information on the bottom of one of your checks here:

⑆0000000000⑆ 000000000000⑆ 1000  
Routing      Account  
Number      Number

## 7 Sign the form

By signing this form, I authorize the change of Beneficiary/transfer of funds 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.
- 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.
- If I am making contributions by payroll deduction, I understand that contributions sent to the old account number by my employer will fail. I understand and that once I receive a new account number for this account I will need to complete a new payroll deduction form and ask my employer to stop contributions to the old account number.
- I am aware that by providing banking information, I also authorize the Plan to automatically provide certain capabilities in connection with my account(s). This includes the ability to authorize withdrawals from my accounts via telephone or through this website provided my banking information has been on file for a minimum of 10 days. If I wish to remove these capabilities from my account(s), I must remove my banking information.
- I have checked that the Account Owner information on file for the Plan account is correct.
- 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 on behalf of a representative of the Account Owner, or an Entity Account Owner, a notarization acknowledgement appears on this form, as described below.) If I am transferring my entire account balance, I request the cancellation of my **Participation Agreement** and the closure of my account.

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Signature of Account Owner/Authorized Representative of Entity

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Date (mm/dd/yyyy)

## 8 Notarization acknowledgement

Only complete this step if you are acting on behalf of the Account Owner or you're an Entity Account Owner.

**Keep in mind that:**

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the Account.

**Only sign if you are in the presence of a notary public or other officer providing notarization.**

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Day (#) Month Year

\_\_\_\_\_  
Signature of Beneficiary or Authorized Legal Representative

State of \_\_\_\_\_, County of \_\_\_\_\_

This instrument was acknowledged before me

physical presence     online notarization

on \_\_\_\_\_  
Date (mm/dd/yyyy)

by \_\_\_\_\_  
Name of person (First and last)

My term expires: \_\_\_\_\_  
Date (mm/dd/yyyy)

**Notary Public (Seal)**

\_\_\_\_\_  
Signature of Notary Public



## Appendix – Oregon College Savings Plan Portfolio Options

For descriptions and details about all of these portfolio options, please go online to [www.OregonCollegeSavings.com](http://www.OregonCollegeSavings.com) or see the **Plan Disclosure Booklet** for important information including descriptions, details, and risks about the investment options before making a decision.

### College Enrollment Year

Code	Portfolio Name
ORC39	Enrollment Year 2039
ORC38	Enrollment Year 2038
ORC37	Enrollment Year 2037
ORC36	Enrollment Year 2036
ORC35	Enrollment Year 2035
ORC34	Enrollment Year 2034
ORC33	Enrollment Year 2033
ORC32	Enrollment Year 2032
ORC31	Enrollment Year 2031
ORC30	Enrollment Year 2030
ORC29	Enrollment Year 2029
ORC28	Enrollment Year 2028
ORC27	Enrollment Year 2027
ORC26	Enrollment Year 2026
ORC25	Enrollment Year 2025
ORC24	Enrollment Year 2024
ORC23	Enrollment Year 2023
ORC22	Enrollment Year 2022
ORC21	Enrollment Year 2021
ORC20	Enrollment Year 2020
ORC19	Enrollment Year 2019
ORC18	Enrollment Year 2018
ORC17	Enrollment Year 2017
ORC16	Enrollment Year 2016
ORC15	Enrollment Year 2015

### Static Portfolios

Code	Portfolio Name
ORCCO	Target Risk – Conservative
ORCMO	Target Risk – Moderate
ORCAG	Target Risk – Aggressive
ORCDU	Diversified U.S. Equity
ORCDI	Diversified International Equity
ORCDF	Diversified Fixed Income
ORCIN	Diversified Inflation Protection
ORCBI	Balanced Index
ORCSC	Social Choice Balanced
ORCSF	Short-Term Fixed Income Index
ORCUE	U.S. Equity Index
ORCIE	International Equity Index
ORCFI	Fixed Income Index
ORCXX	FDIC-Insured Option

The investment information on this page has been provided by Sellwood Consulting, the investment advisor for the Oregon College Savings Plan. Before you make a decision, review the Plan Disclosure Booklet to learn about the important details and risks of each investment option.