



Client Connect Series Change Designated Beneficiary / Transfer Funds Form

Important information about this form:

- Use this form to change the Designated Beneficiary for your NextGen 529 account.
- Carefully read the **NextGen 529 Client Connect Series Program Description and Participation Agreement** before completing this form.
- Please make sure that the Participant/Account Owner's information is correct by checking your account online.
- The new Designated Beneficiary must qualify as a "Member of the Family" of the Designated Beneficiary (See **Step 2**.)
- You cannot change the Designated Beneficiary on a NextGen 529 account established as an UGMA/UTMA* account.
- A new account number will be assigned to the NextGen 529 account when you change the Designated Beneficiary.
- Along with this form, a new **NextGen 529 Client Connect Series Account** must be opened online and the account number available if you do not already have an account registered for the new Designated Beneficiary.
- This change is not permissible if it would cause the total account balance of the new Designated Beneficiary's account along with any other accounts for the new Designated Beneficiary in NextGen 529 to exceed the maximum account balance of \$570,000 per Designated Beneficiary. You will be notified if the intended change would cause this limit to be exceeded.
- Please note that Maine Matching Grants and the Alfond Grant are not eligible for a Change in Designated Beneficiary and may result in grant forfeiture. See Terms and Conditions of Maine Grant Programs.
- Use black ink to type or print clearly, and do not staple the sheets together.

1 Current NextGen 529 account information

Name of Participant/Account Owner (First and Last)

— — — —
Participant/Account Owner's Last 4 Digits of Social Security or Taxpayer Identification Number

— — — — —
NextGen 529 Account Number

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

Need help?

Give us a call Monday – Friday from 8am-8pm ET at
1-833-336-4529
(1-833-33NG529)

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

Mail the form to:

NextGen 529
PO Box 534457
Pittsburgh, PA 15253-4457

Overnight Mail:

NextGen 529
Attention: 534457
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

1-844-751-0017

1 Current NextGen 529 account information - continued

Designated Beneficiary Name (First and Last)

Designated Beneficiary's Last 4 Digits of Social Security or Taxpayer Identification Number

2 New Designated Beneficiary information

Is the Participant/Account Owner the new Designated Beneficiary?

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

New Designated Beneficiary Name (First and Last)

____ / ____ / ____
Date of Birth (MM/DD/YYYY)

New Designated Beneficiary's Social Security or Taxpayer Identification Number

A Does this Participant/Account Owner already have a NextGen 529 account for this new Designated Beneficiary?

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

NextGen 529 Account Number

No (Please complete **part B** of this step and complete a **Client Connect Series Account Application**).

2 New Designated Beneficiary information - continued**B Residential address for new Designated Beneficiary**

Street Address 1

Street Address 2

City

State

ZIP Code**Relationship to the current Designated Beneficiary**

<input type="radio"/> Father or mother, or an ancestor of either	<input type="radio"/> Brother-in-law, sister-in-law, son-in-law, daughter-in-law, father-in-law or mother-in-law
<input type="radio"/> Child or descendant of a child	<input type="radio"/> Son or daughter or a brother or sister
<input type="radio"/> Stepfather or stepmother	<input type="radio"/> Spouse of any of the foregoing individuals
<input type="radio"/> Stepson or stepdaughter, or descendant of either	<input type="radio"/> Spouse
<input type="radio"/> Brother, sister, stepbrother or stepsister	<input type="radio"/> First cousin
<input type="radio"/> Brother or sister of the father or mother	

*To determine who is a "Member of the Family," a legally adopted child, foster child and step child of an individual is treated as the child of such individual by blood relationship, and a brother or sister includes a brother or sister by half blood.

3 Transfer amount

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

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

Entire balance (Check below and then move on to **Step 4**).

Note: full transfers will be permitted if the transfer does not cause the aggregate balance of all NextGen 529 accounts established for the same Designated Beneficiary to exceed the maximum limit of \$570,000 per Designated Beneficiary. For accounts with Maine Grants, Maine Grants do not transfer to a new Designated Beneficiary. A full transfer will result in grants being forfeited. See Terms and Conditions of Maine Grant Programs for details.

Transfer to an existing Designated Beneficiary account (specified in **Step 2A**).

Partial amount (Complete part B of this step).

B Choose the Portfolio(s) you want to transfer a partial amount **from**.

Please clearly print the Portfolio Name, Unit Class N and amount (percentage or number of units) you'd like to withdraw below.

Unit Class	% or Number of Units	Portfolio name
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Unit Class	% or Number of Units	Portfolio name
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Unit Class	% or Number of Units	Portfolio name
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Unit Class	% or Number of Units	Portfolio name
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4 Sign the form

By signing this form, I authorize the change of Designated 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 Designated Beneficiary as were stated in the original **NextGen 529 Client Connect Series Account Application** for my current Designated Beneficiary and I certify that the new Designated Beneficiary is a "Member of the Family" of the current Designated 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 that I am closing my existing account and that once I receive a new account number for this account I will need to complete a new **NextGen 529 Client Connect Series Payroll Deduction Form** and ask my employer to stop contributions to the old account number.
- I have checked that the Participant/Account Owner information on file for the NextGen 529 account is correct.
- I certify that I am the Participant/Account Owner, or I have the authority to act as the Participant/Account Owner. If I am transferring my entire account balance, I request the cancellation of my **NextGen 529 Client Connect Series Program Description** and **Participation Agreement** and the closure of my account.

Signature of Participant/Account Owner

Date (MM/DD/YYYY)

Vestwell State Savings, LLC ("Vestwell") is the program manager, The Bank of New York Mellon is the program custodian, BlackRock Advisors, LLC is the program investment manager, and Northern Lights Distributors, LLC is the Connect Series distributor.

Investment products are not FDIC insured, are not bank guaranteed, and may lose value.



Program Manager



Program Administrator

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