



Change Beneficiary / Transfer Funds Form

Important information about this form:

- Fill out this form to change the Beneficiary on a DreamAhead 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 a DreamAhead account established as an UTMA/UGMA* account.
- A new account number will be assigned to the DreamAhead 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 DreamAhead or any other Section 529 plan operated by the State of Washington to exceed the Maximum Account Balance of \$500,000 for that Beneficiary. You will be notified if the intended change would cause this limit to be exceeded.
- A Medallion Signature Guarantee is required for an Entity 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
1-844-529-5845 or
1-844-888-2253 (TTY)

Mail the form to:

DreamAhead College
Investment Plan
P.O. Box 9661
Providence, RI 02940-9661

Overnight Mail:

DreamAhead College
Investment Plan
4400 Computer Drive
Westborough, MA 01581

1 DreamAhead account information

Name of Account Owner (First and last)

____ _ - ____ _ - ____ _
Account Owner's Social Security or Taxpayer Identification Number

DreamAhead account number

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

Current Beneficiary name (First and last)

____ _ - ____ _ - ____ _
Current Beneficiary's Social Security or Taxpayer Identification Number

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)

____ _ - ____ _ - ____ _
Beneficiary's Social Security or Taxpayer Identification Number

A Does this beneficiary already have a DreamAhead account?

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

____ _ - ____ _ - ____ _
DreamAhead account number

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

B Residential address

No P.O. boxes are accepted for a residential address.

Street address 1

Street address 2

City

State

____ _ - ____ _
ZIP Code

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 and you must have at least \$5 in a portfolio to keep it open. You can withdraw up to 90% 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 **Program Details Booklet** before making a decision.

Please clearly print the portfolio name, code and amount you’d like to withdraw below. Reference the **Investment 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

\$ _____ , _____ . _____
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 online to www.DreamAhead.wa.gov or see the **Program Details 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 **Investment 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%

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. Skip this step if you’re moving money to an existing beneficiary’s account. 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 DreamAhead account.

Bank Account Holder Signature

(If different from DreamAhead 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:

⑆000000000	⑆ 00000000000	⑆ 1000
Routing Number	Account 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 if I’ve selected “Entire balance” in **Step 3**. 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 30 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 DreamAhead 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 Medallion Signature Guarantee appears on this form, as described below.) If I am transferring my entire account balance, I request the cancellation of my **Participation Agreement** (as documented in the **Program Details Booklet**) and the closure of my account.

Signature of Account Owner/Authorized Representative of Entity

Date (mm/dd/yyyy)

8 A Medallion Signature Guarantee

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 can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and you cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the DreamAhead account.
- Only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the **Program Details Booklet**.

Signature of Account Owner/Authorized Representative
of Entity

Signature Guarantor

Title

Name of Institution

Date (mm/dd/yyyy)

Have the Authorized Officer stamp here

Appendix – DreamAhead Investment Portfolio Options

For descriptions and details about all of these portfolio options, please go online to www.DreamAhead.wa.gov or see the **Program Details Booklet** for important information including descriptions, details, and risks about the investment options before making a decision.

Static Portfolios

Code	Portfolio Name
WACCP	Cash Preservation Portfolio
WACIN	Income Portfolio
WACCG	Income & Growth Portfolio
WACBA	Balanced Portfolio
WACMG	Conservative Growth Portfolio
WACGR	Moderate Growth Portfolio
WACAG	Growth Portfolio

Year of Enrollment

Conservative

Code	Portfolio Name
WAC38	Year of Enrollment 2038 - Conservative
WAC36	Year of Enrollment 2036 - Conservative
WAC34	Year of Enrollment 2034 - Conservative
WAC32	Year of Enrollment 2032 - Conservative
WAC30	Year of Enrollment 2030 - Conservative
WAC28	Year of Enrollment 2028 - Conservative
WAC26	Year of Enrollment 2026 - Conservative
WAC24	Year of Enrollment 2024 - Conservative
WAC22	Year of Enrollment 2022 - Conservative
WACEC	College Enrolled Conservative

Moderate

Code	Portfolio Name
WAM38	Year of Enrollment 2038 - Moderate
WAM36	Year of Enrollment 2036 - Moderate
WAM34	Year of Enrollment 2034 - Moderate
WAM32	Year of Enrollment 2032 - Moderate
WAM30	Year of Enrollment 2030 - Moderate
WAM28	Year of Enrollment 2028 - Moderate
WAM26	Year of Enrollment 2026 - Moderate
WAM24	Year of Enrollment 2024 - Moderate
WAM22	Year of Enrollment 2022 - Moderate
WACEM	College Enrolled Moderate

Growth

Code	Portfolio Name
WAA38	Year of Enrollment 2038 - Growth
WAA36	Year of Enrollment 2036 - Growth
WAA34	Year of Enrollment 2034 - Growth
WAA32	Year of Enrollment 2032 - Growth
WAA30	Year of Enrollment 2030 - Growth
WAA28	Year of Enrollment 2028 - Growth
WAA26	Year of Enrollment 2026 - Growth
WAA24	Year of Enrollment 2024 - Growth
WAA22	Year of Enrollment 2022 - Growth
WACEA	College Enrolled Growth