IDeal – Idaho College Savings Program

Beneficiary Change Form

- Complete this form if you are transferring to a new beneficiary all or part of the balance in the account of your current beneficiary.
- Print clearly, preferably in capital letters and black ink. 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 former beneficiary, as defined in the IDeal Disclosure Statement. If the new beneficiary is not an eligible family member, the change will be considered a non-qualified distribution, which means that it may be subject to both Idaho state and federal income tax and a 10% federal penalty tax on any earnings.*

Forms can be downloaded from our website at **www.idsaves.org**, or you can call us to request any form – or for assistance in completing this form – at **1.866.433.2533** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form in the enclosed postage-paid envelope, or mail to:

IDeal – Idaho College Savings Program
P.O. Box 219944
Kansas City, MO 64121

For overnight delivery or registered mail, send to:

IDeal – Idaho College Savings Program
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Current Account Information

Account Number

Social Security Number or Taxpayer Identification Number

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

Daytime Telephone Number

Evening Telephone Number

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

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)*

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

Birth Date *(mm/dd/yyyy*

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

☐ Check if Beneficiary's Address is same as Account Owner.

Mailing Address

City

State

Zip

3. Transfer Amount *(Check and complete one.)*

A. ☐ **Entire balance.** IDeal 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.

Do you already have an account for the new beneficiary? *(Check one.)*

☐ **Yes.** Account Number **If yes, go directly to Section 7.**

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

B. ☐ **Partial balance.** IDeal will keep the current beneficiary's account open. The dollar amount or percentage you specify below will be transferred to the new beneficiary's account. **Note:** If the current account includes more than one investment option, the dollar amount or percentage will be taken on a proportional basis from each investment option.

$ Dollar Amount OR Percentage **%**

Do you already have an account for the new beneficiary? *(Check one.)*

☐ **Yes.** Account Number **If yes, go directly to Section 7.**

☐ **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 current beneficiary.

Important: If you have already established an account for the new beneficiary and provided the account number above, proceed directly to **Section 7**. Otherwise, complete all remaining sections.

4. Investment Option Selection

- Before choosing your investment option, see the Disclosure Statement (available at **www.idsaves.org**) for complete information about the investment options offered.
- You may choose up to **five** investment options for your account – Target Enrollment Portfolio, Fixed Asset Allocation Portfolios or the Savings Portfolio.
- You must allocate at least **5%** of your contributions to each investment option that you choose. Use whole percentages only.
- Your percentages must total **100%**.

☐ I want to keep the same investment allocation for my new beneficiary. **Note:** *If you are invested in a Target Enrollment Portfolio and the new beneficiary has a different target enrollment date than the former beneficiary you may want determine if the current allocation is appropriate. The current Target Enrollment Portfolios will not change unless you initiate the change.*

☐ I want to establish a new investment allocation as listed below. **Note:** See the Disclosure Statement, which are available at **www.idsaves.org**, for complete information on the investment options you are considering.

Target Enrollment Portfolio:
Your investment mix automatically becomes more conservative as the beneficiary nears the target enrollment year.

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

Please remember to:

- Choose no more than five investment options for your account.
- Allocate at least 5% to each investment you choose.
- Use whole numbers.

Fixed Asset Allocation Portfolios:
The assets will remain in the portfolio you select until you exchange them into a new investment option.

Aggressive Growth Portfolio	☐☐☐ %
Growth Portfolio	☐☐☐ %
Moderate Growth Portfolio	☐☐☐ %
Conservative Growth Portfolio	☐☐☐ %
Income Portfolio	☐☐☐ %
Interest Accumulation Portfolio	☐☐☐ %
U.S. Stock Market Index Portfolio	☐☐☐ %
U.S. Bond Market Index Portfolio	☐☐☐ %
Total International Stock Index Portfolio	☐☐☐ %

Savings Portfolio:
The assets will remain in the Savings Portfolio until you exchange them into a new investment option.

Savings Portfolio *(FDIC-Insured)*	☐☐☐ %
TOTAL	**1 0 0 %**

5. Recurring Contribution *(optional)*

Through a recurring contribution, you can have funds transferred electronically—on a regular basis—from your bank, savings and loan, or credit union account to your IDeal account. Your contribution will be credited to your IDeal account on the business day before it is debited from your bank account. You may change the investment amount and frequency at any time by logging on to your account at **www.idsaves.org** or by calling **1.866.433.2533**.

Important: The recurring contribution option can be used only with accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered by nonbank financial companies cannot be used.

☐ I would like to continue my existing recurring contribution for the new beneficiary.

☐ I would like to establish a new recurring contribution for the new beneficiary. You must provide the bank information below.

Amount of Debit: $☐☐☐,☐☐☐.☐☐

Frequency *(Check one):* ☐ Monthly ($25 minimum) ☐ Quarterly ($75 minimum)

Start Date*: ☐☐ – ☐☐ – ☐☐☐☐
Date *(mm/dd/yyyy)*

* Your bank account will be debited on this date and your investment will be credited to your IDeal account on the *previous business day*. If you indicate a start date that is within the first four (4) days of the month, there is a chance that your investment will be credited on the last business day of the previous month. If you do not indicate a start date, your bank account will be debited on the 20th. See the Disclosure Statement for further information.

Provide the bank account information below.

Bank Name

☐☐☐ – ☐☐☐ – ☐☐☐☐
Bank Telephone Number

Bank Registration (Name on bank account)

☐☐☐☐☐☐☐☐☐
Bank Routing Number

Bank Account Number

Account Type: (Check One.) ☐ Checking ☐ Savings

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

6. Successor Account Owner Information *(Recommended)*

- The successor account owner will take over control of the account in the event of your death or inability to continue as the account owner.
- The person you designate as successor account owner **must be at least 18 years old and must be a U.S. citizen or resident alien**.

Choose one option:

☐ I want to have the same successor account owner for the new beneficiary.

☐ I want to establish a new successor owner for the new beneficiary.

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

☐☐ – ☐☐ – ☐☐☐☐

Birth Date *(month, day, year)*

7. Authorization — YOU MUST SIGN BELOW

By signing below, I hereby apply for an account in IDeal. I certify that:

- I have received, read, and understand the terms and conditions of the Disclosure Statement and Participation Agreement. I understand that by signing this Beneficiary Change Form, I am agreeing to be bound by the terms and conditions of the IDeal Disclosure Statement and Participation Agreement. I understand that the Beneficiary Change Form shall be construed, governed by, and interpreted in accordance with the laws of the State of Idaho.
- Except as set forth below, I understand that the Enrollment Form and Disclosure Statement and Participation Agreement constitute the entire agreement between myself and State College Savings Program Board (Board). No person is authorized to make an oral modification to this agreement.
- I understand that my account in IDeal is not insured by the State of Idaho or any other governmental entity and neither the principal deposited nor the investment return is guaranteed by the State of Idaho, the Board or any other governmental entity, the Trust, the Program Manager, the Savings Portfolio Manager, or any of their affiliates (each, as defined in the Disclosure Statement). Notwithstanding the foregoing, the Savings Portfolio is the only investment option in IDeal that is insured by the federal Deposit Insurance Corporation (FDIC), up to the limit set by the FDIC. I understand that there is no assurance that my account under IDeal will generate any specific rate of return; in fact, there is no assurance that my account will not decrease in value (except for the Savings Portfolio as described in the Disclosure Statement).
- If I have chosen the recurring contribution or EFT option, I authorize the Program Manager (as defined in the Disclosure Statement), upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 5**. I authorize the bank to accept any such credits or debits to my account without responsibility to their accuracy. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. I further agree that the Plan Officials (as defined in the Disclosure Statement) will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the Program Manager and the bank by telephone or in writing, and that the termination request will be effective as soon as the Program Manager and the bank has had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 5**.
- I understand that contributions that cause the total balance of this account and any other accounts established in IDeal and in any other Qualified Tuition Program (as defined in the Disclosure Statement) offered by the State of Idaho on behalf of the beneficiary designated in **Section 2** of this Beneficiary Change Form to exceed the maximum account balance established by the State College Savings Program Board are not permitted. I understand that if a contribution is made to the account that exceeds the maximum account balance, all or a portion of the contribution amount will be returned to me or the contributor.
- I certify that all of the information that I provided on this Beneficiary Change Form is accurate and complete and that I am bound by the terms, rights, and responsibilities stated in this agreement and by any and all statutory, administrative, and operating procedures that govern IDeal.

➤ SIGNATURE

Signature of Account Owner

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*