

3 New Beneficiary Information *(You must provide complete information or the new Account cannot be opened.)*

The Beneficiary must be an individual residing in the U.S. with a valid Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened. Unless otherwise indicated in Section 4, all existing Investments will be transferred into an Account in the new Beneficiary's name.

Check this box if the Account Owner already maintains a Plan Account for the Beneficiary named below and provide the existing account number below.

New Beneficiary Information

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Account Number, if any. (Refer to your Account statement.)

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New Beneficiary Name (First, MI, Last, Suffix)

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Social Security Number or Taxpayer Identification Number

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Gender (M/F)

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Date of Birth (mm-dd-yyyy)

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Account Owner's Relationship to Beneficiary (optional)

Check this box if the Beneficiary lives with the Account Owner. If so, do not provide an address in the boxes below.

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Residential Address (This must be a street address -- a P.O. Box is not acceptable.)

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City, State, Zip (Country, if foreign address)

Important Information about a Change of Beneficiary

By completing this form, you intend to change the Beneficiary to a "member of the family" of the current Beneficiary, as defined by Section 529 of the Internal Revenue Code. If this change of Beneficiary causes the total aggregate market value of all accounts in the Program for the new Beneficiary to exceed the Maximum Account Balance Limit for that Beneficiary, you will be notified, and the excess amount will be rejected and returned. Please refer to the Disclosure Booklet for the Maximum Balance Limit.

4 Transfer Amount FROM each Investment Option

You can request a transfer of all or a portion of your Account. Note: if you request a PARTIAL transfer you must indicate the outgoing transfer amount either in dollars OR as a percentage of the Investment Option(s) you currently own.

Transfer ENTIRE balance, including all Investment Options; OR

Transfer a PARTIAL balance (Complete the information below to provide instructions in dollars OR as a percentage.)

Investment Option Name (Option Number)	Indicate the Outgoing Amount (in dollars OR percentage)										
	Dollars					Percentage					
Conservative Managed Allocation Option (Age-Based)	\$					,				.	.00%
Moderate Managed Allocation Option (Age-Based)	\$					,				.	.00%
Aggressive Managed Allocation Option (Age-Based)	\$					,				.	.00%
Diversified Equity Option (2241)	\$					,				.	.00%
U.S Equity Index Option (2262)	\$					,				.	.00%
Global Equity Index Option (1953)	\$					,				.	.00%
Balanced Option (2240)	\$					,				.	.00%
Fixed Income Option (2242)	\$					,				.	.00%
Guaranteed Option (1954)	\$					,				.	.00%
Total OUTGOING Amount	\$					,				.	100%

5 Transfer Amount TO each Investment Option

Select your Investment Option(s) by indicating the incoming transfer amount you would like credited to each Option in dollars or as a percentage of the TOTAL amount being transferred.

> If you indicate the amount in dollars, the Total Incoming Amount must equal the Total Outgoing Amount in Section 4.

> If you indicate the amount as a percentage, the total allocation must equal 100%.

Complete only one column in either dollars or as a percentage.

Investment Option Name (Option Number)	Indicate the Incoming Amount (in dollars OR percentage)						
	Dollars						Percentage
Conservative Managed Allocation Option (Age-Based)	\$			,			.00%
Moderate Managed Allocation Option (Age-Based)	\$			,			.00%
Aggressive Managed Allocation Option (Age-Based)	\$			,			.00%
Diversified Equity Option (2241)	\$			,			.00%
U.S Equity Index Option (2262)	\$			,			.00%
Global Equity Index Option (1953)	\$			,			.00%
Balanced Option (2240)	\$			,			.00%
Fixed Income Option (2242)	\$			,			.00%
Guaranteed Option (1954)	\$			,			.00%
Total Incoming Amount	\$			,			100%

6 Signature and Authorization (This section must be signed for this change to take effect.)

By signing this form, I authorize the transfer of my Account to another Account Owner and/or to change the Beneficiary as indicated on this form. I acknowledge the following:

- I certify that all of the information provided by me on this form is true, complete and correct.
- If changing the Account Owner, the new Account Owner will submit an *Account Application* along with this form, unless he/she already maintains a Plan Account for the Beneficiary and I have provided the existing account number in Section 2.
- If changing the Beneficiary, 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. I understand that my existing banking information and successor account owner information, if any, will be copied to the new account.
- If I am participating in the Automatic Contribution Plan (ACP), I understand that my participation in ACP will be cancelled only if I transfer my entire Account balance to a new Account Owner and/or Beneficiary; otherwise my ACP contributions will continue in my original Account unless an *Electronic Banking Information Form* accompanies this form.
- If I am making contributions by payroll deduction, I understand that my payroll contributions will continue into this Account, regardless of the amount transferred, unless I notify my employer that I want to stop or change the amount of my payroll deduction.
- If I am transferring my entire account balance, I request the cancellation of my *Participation Agreement* and the closure of my Account.

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 as a representative of the Account Owner, or an entity Account Owner, either a Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp appears on this form, as described below.

Signature of Current Account Owner, Custodian or Authorized Representative of an Individual or Entity Owner

Date

Important Information

Medallion Signature Guarantees and Signature Validation Program (SVP) Stamps are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Medallion Signature Guarantee or a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

A Signature Validation Program (SVP) Stamp is required when changing account ownership for all entity Accounts except accounts owned by a trust so long as current trust documents naming all trustees are on file with the Plan and may be required for Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Signature Validation Program Stamp will be provided.

Unless a Medallion Signature Guarantee appears below, any change of the Account Owner will result in a 30-day hold on withdrawals from the Account.

AFFIX STAMP HERE

Mail This form to:

Overnight Mail

Oklahoma College Savings Plan
430 W 7th Street Suite 219249
Kansas City, MO 64105-1407

Regular Mail

Oklahoma College Savings Plan
P.O. Box 219249
Kansas City, MO 64121-9249

