





Investment Option Name	Indicate the Outgoing Amount (in dollars OR percentage)							
	Dollars							Percentage
Guaranteed Option (1967)	\$			,			.	.00%
Aggressive Allocation Option (2283)	\$			,			.	.00%
Moderate Allocation Option (2284)	\$			,			.	.00%
Conservative Allocation Option (2285)	\$			,			.	.00%
<b>Total INCOMING Amount</b>	\$			,			.	

**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, and all information provided by me in the future will be, 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 Program 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 Program 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 contingent 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.

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

\_\_\_\_\_  
Date

**Medallion Signature Guarantee – if applicable**

**Important Information**

If you are *changing the Account Owner*, a Medallion Signature Guarantee is required for all entity Accounts or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the Account Owner. If you are *changing the Beneficiary*, a Signature Validation Program (SVP) Stamp is required for all entity Accounts or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the Account Owner. Unless a Medallion Signature Guarantee appears below, any change of the Account Owner or Beneficiary will result in a 30-day hold on withdrawals from the Account.

You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Medallion Signature Guarantee or Signature Validation Program Stamp will be affixed to this form. **Note:** The Signature Validation Program Stamp is not required if a *Plan Power of Attorney Form* is on file for an individual Account, or if a *Plan Power of Attorney Form* accompanies this form.

Guarantor to AFFIX STAMP HERE



**Mail this form to:**  
Mississippi Affordable College Savings  
P.O. Box 55037  
Boston, MA 02205-5037

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