



# Vermont Higher Education Investment Plan (VHEIP) Change of Account Owner Form

Return to: PO BOX 44002, Jacksonville, FL 32231  
Overnight Mail: 9428 Baymeadows Rd, Ste 110, Jacksonville, FL 32256

- ▶ Complete this form to transfer all your right, title, and interest in your VHEIP account to a different Account Owner. You should consult a qualified financial, legal and/or tax advisor regarding the application of federal, state, and local tax law as a transfer of account ownership may have adverse tax consequences. Custodial Account Owners are subject to special limitations on their ability to transfer ownership of the account.
- ▶ **Note:** Failure to provide required information may result in a delay of processing your request.
- ▶ If the new Account Owner does not already have a VHEIP account for the Beneficiary, they must also submit an Account Enrollment Form to process the transfer of account assets.
- ▶ **Complete a separate form for each change of Account Owner request.**
- ▶ **Questions?** Visit [www.vheip.org](http://www.vheip.org) or call us at 1-800-637-5860.

## 1. CURRENT ACCOUNT OWNER INFORMATION

Account Number (Required)

Account Owner, Custodian, or Entity Name (First, MI, Last, Suffix)

Account Owner Social Security Number or Taxpayer Identification Number (Required)

Primary Phone Number

Alternate Phone Number

Beneficiary Name (First, MI, Last, Suffix)

## 2. NEW ACCOUNT OWNER INFORMATION

New Account Owner Name (First, MI, Last, Suffix)

 |  | 

New Account Owner Date of Birth (mm/dd/yyyy)

New Account Owner Social Security Number or Taxpayer Identification Number

**Does the new Account Owner currently have an existing VHEIP account for the Beneficiary?** (Check one.)

**Yes.** Provide the Account Number (Required):

**No.** The new Account Owner must complete and attach an Account Enrollment Form.

## 3. REASON FOR TRANSFER (Please select one.)

**I am the current Account Owner.** I hereby transfer all my right, title, and interest in the above referenced VHEIP account to the new designated Account Owner listed in **Section 2.** (Complete **Sections 4 and 5.**)

**The current Account Owner is deceased and I am the Contingent Account Owner of the account listed in Section 1.** I have attached a Certified Copy of the Account Owner's Death Certificate. (Complete **Section 5.**)

**The current Account Owner is deceased and I am not the Contingent Account Owner of the account listed in Section 1.** I have attached a Certified Copy of the Account Owner's Death Certificate, and a copy of the court documentation giving evidence of my appointment as Executor/ix of the Account Owner's estate. (Complete **Section 5.**)

## 4. TRANSFER AMOUNT

### Entire Balance.

By selecting this option, I am authorizing the closure of the account indicated in **Section 1** and the transfer of ownership of all account assets to the new Account Owner designated in **Section 2**. I understand that automatic contributions established for this account, if any, will stop. If I am making payroll deduction contributions to this account, I must notify my employer to stop future contributions.

### Partial Balance.

By selecting this option, I am authorizing the transfer of ownership of the dollar amount or percentage of account assets indicated below to the new Account Owner designated in **Section 2**. I understand that automatic contributions or payroll deduction contributions, if any, will continue unless I instruct otherwise by submitting the appropriate form. If you are invested in more than one investment portfolio, the dollar amount or percentage indicated below will be taken proportionally from all your investment portfolios.

\$  OR  %  
Amount Percentage

## 5. NEW ACCOUNT OWNER SIGNATURE & AUTHORIZATION *(This section must be signed.)*

By signing below, I am agreeing to the terms and conditions set forth below and in the Disclosure Booklet and Participation Agreement. I understand and agree that these documents govern all aspects of this account and are incorporated herein by reference.

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

\_\_\_\_\_  
Date

**6. CURRENT ACCOUNT OWNER SIGNATURE & AUTHORIZATION**  
*(Complete this section in the presence of a notary public.)*

**I certify that I am the Account Owner, or I have the authority to act as the Account Owner, and additionally that:**

It is my intent to transfer all my right, title, and interest in my VHEIP account to a different account Owner. I understand that transfer of account ownership may have adverse tax consequences.

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 to a new account owner and/or beneficiary; otherwise my ACP contributions will continue in my original account unless an Automatic Contributions Plan / Electronic Funds Transfer 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, or unless an updated Payroll Deduction Form accompanies this form to reallocate payroll contributions among my account(s) for different beneficiaries, if any.

I understand that at any time the value of my Account(s) may be more or less than the amounts I contributed to such account(s). 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 authorize the Plan to act on my instructions based upon this information. I have received, read and understand this form and the Disclosure Booklet, including the Participation Agreement. I understand that the Vermont Student Assistance Corporation may from time to time amend the Disclosure Booklet and Participation Agreement and I understand and agree that I will be subject to the terms of those amendments. I further agree that neither VHEIP nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

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

\_\_\_\_\_  
Date

**NOTARIZATION (REQUIRED)**

ALL SECTIONS OF THE NOTARIZATION BELOW MUST BE COMPLETED BY A NOTARY AND LEGIBLE

STATE OF \_\_\_\_\_ ss.

COUNTY OF \_\_\_\_\_

Be it remembered that on the \_\_\_\_\_ day of \_\_\_\_\_,  
A.D. 20 \_\_, personally appeared \_\_\_\_\_ signer  
and sealer of the foregoing written instrument and acknowledged the  
same to be his/her free act and deed.

BEFORE ME,

\_\_\_\_\_

*The Vermont Higher Education Investment Plan (Plan) is administered by the Vermont Student Assistance Corporation (VSAC). Interests in the Plan are issued directly to Account Owners by VSAC. Intuition College Savings Solutions, LLC (Intuition) is the Plan Manager.*

