

2 UESP Receiving Account(s)

Fill in the information below for the UESP account(s) receiving the funds transfer.

In either dollars or percentages, indicate how you would like your transferred funds allocated among the accounts listed. If you choose to allocate your transfer as a percent of the total, please use whole percentages only.

<hr/>	<hr/>	<hr/>	<hr/>	OR	<hr/>
UESP Account Number	Beneficiary's Last Name	First Name	\$ Dollar Amount		% Percent of Total
<hr/>					
Account Owner/Agent's Last Name	First Name	Daytime Phone			
<hr/>					
<hr/>	<hr/>	<hr/>	<hr/>	OR	<hr/>
UESP Account Number	Beneficiary's Last Name	First Name	\$ Dollar Amount		% Percent of Total
<hr/>					
Account Owner/Agent's Last Name	First Name	Daytime Phone			
<hr/>					
<hr/>	<hr/>	<hr/>	<hr/>	OR	<hr/>
UESP Account Number	Beneficiary's Last Name	First Name	\$ Dollar Amount		% Percent of Total
<hr/>					
Account Owner/Agent's Last Name	First Name	Daytime Phone			
<hr/>					
<hr/>	<hr/>	<hr/>	<hr/>	OR	<hr/>
UESP Account Number	Beneficiary's Last Name	First Name	\$ Dollar Amount		% Percent of Total
<hr/>					
Account Owner/Agent's Last Name	First Name	Daytime Phone			



\$ _____ OR _____ %
Total Dollar Amount **Total Percentage**
Must equal the Total *Must equal 100%*
Transfer Amount on
page 1

3 Signature Authorization

By signing below,

- I authorize a transfer of the amount listed in section 1 into the account(s) identified in section 2.
- I certify that the receiving beneficiary is a member of the transferring beneficiary's family, as defined in the Program Description.
- I have read and agree to the terms and conditions of the Program Description and the Account Agreement I signed when I opened the source account.
- **I understand that I can request only one investment option change for all my accounts for the same beneficiary each calendar year.**
- I understand that transferring funds from a UESP account with the same account owner and same beneficiary is considered my one investment option change for the calendar year for this beneficiary.
- If I am transferring funds to an account owned by another UESP account owner, I understand that I am surrendering the title and all rights to the account and interest in the funds being transferred. I also understand that there can only be one account owner for each UESP account.
- I certify that the information on this form is true and accurate.



Signature of Account Owner/Agent of Source Account

Date (mm/dd/yyyy)

Name of Account Owner/Agent (please print)

Title (if signed on behalf of a trust, corporation, or other institution)