

ACCOUNT(S) INTO WHICH THE TRANSFER WILL BE DEPOSITED

Enter the Beneficiary's Name, Relationship to the Beneficiary listed on Account Number above, the account number(s) that are to receive the deposits. If you have more than one account, you must enter the percentage of the total transfer that is to be credited to each account. The sum of the percentages entered must equal 100%

Beneficiary's Full Name (First, Middle, Last)	Relationship	Account Number(s)	Percentage of Total Transfer to Each Beneficiary
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
			Total 100%

SECTION E: ACCOUNT OWNER'S AUTHORIZATION

I hereby authorize you to transfer the amount specified in Section B from the STARTK12 account listed in this section to the STARTK12 Account listed in same section OR I hereby authorize you to make the changes in my account as specified in Section C and I understand that the START account listed first in this section will close after the transaction is completed.

I certify that the information I have provided in this form is true and correct. I understand that this form is used for a transfer of less than all the funds of one STARTK12 account to another STARTK12 Account OR that this form will transfer all funds from one START K12 account to one or more different START K12 accounts and that the beneficiary is a Member of the Family of the Beneficiary listed in either section.

Account Owner's Signature: _____ **Date:** _____