

# Internal Transfer Form

Complete this form to transfer all or part of your balance between two existing CollegInvest Stable Value Plus accounts. This transfer is only allowed for two accounts owned by the same Account Owner. The Beneficiaries for the accounts must be members of the same family (see the Plan Disclosure Statement for the definition of “member of the family”). For assistance, please call (800) 448-2424 or email [general@collegeinvest.org](mailto:general@collegeinvest.org).

**Transfer From This Stable Value Plus Account** – List the Stable Value Plus Account Where the Funds Are Currently Held.

Account Owner's Name	Account Number
Account Owner's Address	Phone Number
City	State, ZIP
Email Address	Current Beneficiary's Name

**Transfer Amount** – Select whether you would like to transfer a Full or Partial Balance of the Above Account to the Below Account.

- ☐ Full Balance
- ☐ Partial Balance – List the Amount to Transfer \$\_\_\_\_\_

**Transfer To This Stable Value Plus Account** – List the Account Where The Funds Will Be Transferred. \*Note – The Account Owner Must Be the Same as the Above Account.

Account Number	Beneficiary Name
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## Signature Required

By signing below, I certify that I am the owner of both of the above referenced CollegInvest Stable Value Plus accounts. I also certify that both beneficiaries are members of the same family.

Account Owner's Signature	Date
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**Return the completed form to: CollegInvest, 1600 Broadway, Suite 2300, Denver, CO 80202**