Change Account Owner Form

Important information about this form:

- Fill out this form to change the Account Owner for an Embark account.
- Please fill out a **Manage Bank Account Form** if you need to update the banking information connected to the Embark account because of an Account Owner change.
- A notarization acknowledgement (**Step 8**) is required to change the Account Owner.
- If the resigning Account Owner is deceased:
  - You must submit a certified copy of a Death Certificate and either a Letter of Testamentary or a Small Estates Affidavit to the individual providing the notarization acknowledgement.
  - Please submit copies of the Death Certificate and either a Letter of Testamentary or a Small Estates Affidavit with this form.
- A new account number will be assigned to the Embark account if you are changing the Account Owner.
- Use black ink to type or print clearly, and do not staple the sheets together.
- A complete list of forms is available at embarksavings.com/forms.

Need help?
Give us a call Monday – Friday from 6am – 5pm PT at **1-866-772-8464**

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:
Embark
P.O. Box 534440
Pittsburgh, PA 15253- 4440

Overnight Mail:
Embark
Attention: 534440
500 Ross Street, 154-0520
Pittsburgh, PA 15262

1 Resigning Account Owner's information

Please provide the resigning Account Owner's information.

_____

Name of resigning Account Owner (First and last)

__ __ / __ __ / __ __ __ __

Date of birth (mm/dd/yyyy)

__ __ __ __ __ __ __ __ __ __ __ __ __

Account number (May be 12 or 13 digits)

2 Reason for change

(Select one)

- ◯ Divorce decree of resigning Account Owner
- ◯ Death or incapacitation of resigning Account Owner
- ◯ Transfer to the designated Beneficiary
  (For UTMA/UGMA accounts, the Beneficiary must have reached the age of majority*)
- ◯ Other: _____

* The age of majority for most states is 18, with the following exceptions: Alabama (19), Mississippi (21), Nebraska (19).

3 New Account Owner information

Please provide the new Account Owner's information to transfer the ownership of the account.

Who are you transferring ownership to? (Select one)

- ◯ The Beneficiary (who has reached the age of majority*) (Move on to **Step 4**)
- ◯ An Entity (Please include an Entity Enrollment Form with this form and move on to **Step 4**)
- ◯ Another individual (Fill out the information below)

_____

Name (First and last)

__ __ / __ __ / __ __ __ __

Date of birth (mm/dd/yyyy)

How does the new Account Owner identify? ◯ As she ◯ As he ◯ Choose not to identify

__ __ __ – __ __ – __ __ __ __

Social Security or Taxpayer Identification Number

__ __ __ – __ __ __ – __ __ __ __

Telephone number

Relationship of the new Account Owner to the resigning Account Owner

◯ Child ◯ Spouse ◯ Grandchild ◯ Other relative ◯ Non-relative

Residential address

No PO Boxes are accepted for a residential address.

_____ _____

Street address 1 **Street address 2**

_____ _____ __ __ __ __ __ – __ __ __ __

City **State** **ZIP Code**

4 Work information

Providing employment information will help us understand how the account is being funded.

What is the new Account Owner's work status? (Select one)

◯ Employed ◯ Self-Employed ◯ Retired or Not Working

A **What's the new Account Owner's occupation** (Select one)

Answer if **employed** or **self-employed**:

- ◯ Accounting/Auditing
- ◯ Admin/Clerical
- ◯ Art/Antiques Dealer
- ◯ Banking Professional
- ◯ Car/Boat/Airplane Dealer
- ◯ Casino/Gaming
- ◯ Construction/Skilled Trade
- ◯ Creative/Design/ Architectural
- ◯ Defense/Military
- ◯ Editorial/Writing/Publishing
- ◯ Education
- ◯ Elected Official/Embassy
- ◯ Engineering/Science/R&D
- ◯ Entertainment/Sports/Arts
- ◯ Financial Services
- ◯ Health Care Professional
- ◯ Hospitality/Food
- ◯ Independent Investor
- ◯ Information Technology
- ◯ Insurance
- ◯ Legal Services
- ◯ Manufacturing/Production
- ◯ Nonprofit Executive
- ◯ Operations
- ◯ Other:

_____

(Please write in your occupation)

- ◯ Public Service
- ◯ Retail/Sales/Real Estate
- ◯ Student
- ◯ Transportation/ Warehousing

B **Please choose all of the new Account Owner's sources of income** (Select all that apply)

Answer if **retired or not working**:

- ◯ Retirement Savings
- ◯ Spousal Support
- ◯ Social Security or Pension
- ◯ Other Government Services
- ◯ Other:

_____

(Please write in all other sources)

5 Communication preferences

Mailing address

PO Boxes are accepted for a mailing address.

◯ Use the new Account Owner's residential address as the mailing address
(Leave address information below blank)

Street address 1 _____

Street address 2 _____

City _____

State _____

ZIP Code _____ – _____

Choose how you want to receive statements and tax forms for all the accounts you manage (Select one)

◯ Send digital tax forms, account information and quarterly statements by email
(Please answer **Step 5A** below)

◯ Send digital quarterly statements and account information by email, but send tax forms by U.S. mail*
(Please answer **Step 5A** below)

◯ Send quarterly statements, account information and tax forms by U.S. mail*
(The account will be charged $10 per account, per year)

5A What email address should we use?

Answer if you've chosen to receive items by email

Email _____

* All documents sent by U.S. mail will be mailed to the account's mailing address.

6 Verify Account Owner's identity

The new Account Owner must provide identification to prove their identity.

How to provide identification

Acceptable ID Documentation	
Option A Include a copy of a Department of Motor Vehicles State ID	Option B Include a copy of both your Social Security card and your birth certificate

To help the government fight the funding of terrorism and money laundering, federal law requires us to obtain certain personal information: your name, address, date of birth, and Social Security number or taxpayer identification number and other information that will allow us to verify your identity. If we are unable to verify your identity, we may have to close your account or take other steps we think are necessary.

7 Sign the form

By signing this form, you're confirming the information you've provided is true for the change of the Account Owner.

- I have received, read and understand the **Plan Disclosure Booklet**.
- If the resigning Account Owner is deceased, I will submit copy of a Death Certificate and either a Letter of Testamentary or a Small Estates Affidavit with this form instead of a signature.
- By signing below, I am agreeing to the terms and conditions set forth below and in the **Plan Disclosure Booklet**. I understand and agree that those documents govern all aspects of this account and are incorporated herein by reference.
- I will retain a copy of the **Plan Disclosure Booklet** for my records. I understand that the Plan may, from time to time, amend the **Plan Disclosure Booklet**, and I understand and agree that I will be subject to the terms of those amendments.
- I certify that all of the information provided by me on this **Change Account Owner Form** is, and all information provided by me in the future will be, true, complete and correct and I authorize the Plan to open this account based upon this information.
- I understand that at any time the value of any account(s) to which I make contributions may be more or less than the amounts I contributed to such account(s).

Signature of resigning Account Owner (unless deceased)

Date (mm/dd/yyyy)

Signature of new Account Owner

Date (mm/dd/yyyy)

8 Notarization acknowledgement

If the resigning account owner is deceased, please provide a certified copy of a Death Certificate and the original Certificate of Domicile, and Letter of Testamentary with this form.

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the Account.

Only sign if you are in the presence of a notary public or other officer providing notarization.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this _____ day of _____ , 20 _____ .
Day (#) Month Year

_____
Signature of resigning Account Owner

State of _____ , County of _____

This instrument was acknowledged before me

☐ physical presence ☐ online notarization

on _____
Date (mm/dd/yyyy)

by _____
Name of person (First and last)

My term expires: _____
Date (mm/dd/yyyy)

Notary Public (Seal)

_____
Signature of Notary Public