



Designated Beneficiary Change Form

Submit at:
wvjumpstart@wvsto.com

For Questions:
304-340-5055

Important Information About Changing Designated Beneficiary

Complete this form if you are changing the Designated Beneficiary on your Jumpstart Savings Account.

The new Designated Beneficiary must be a member of the prior Designated Beneficiary's immediate family, which you will identify in the selection below.

For West Virginia state law purposes, a change in the Designated Beneficiary is not an Account distribution so long as the new Designated Beneficiary is a member of the prior Designated Beneficiary's immediate family.

Type in your information and print out the completed form, or print clearly in ink. Mail the form to the following address:

Jumpstart Savings Program
315 70th Street SE
Charleston, WV 25304

Current Account Information

Account Owner Name: _____

Account Owner Address: _____

Account Owner Social Security Number: _____

Existing Designated Beneficiary Name: _____

Existing Designated Beneficiary Social Security Number: _____

New Designated Beneficiary Information

Legal Name (First, M.I., Last): _____

Social Security Number: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Gender: Male Female

Relationship to Account Owner:

- Self
- Child
- Grandchild
- Employee
- Other

Relationship to Existing Beneficiary:

(From the list below, please select the relationship between the new designated beneficiary and the existing beneficiary on the Account)

- Spouse
- Child
- Grandchild
- Sibling
- Step-sibling
- Parent
- Step-parent
- Niece/Nephew
- Aunt/Uncle
- Son- or Daughter-in-Law
- Father- or Mother-in-Law
- Sister- or Brother-in Law
- Spouse of any allowable relationship listed above

US Permanent Resident: Yes No

Country of Citizenship: _____

Trade, Occupation, or Profession of Designated Beneficiary:

Please provide the name(s) and a brief description of any qualified apprenticeship or educational programs that the Designated Beneficiary has enrolled in or has completed as of the date of this Application, along with the date of the Designated Beneficiary's enrollment in or completion of said apprenticeship or program. If the Designated Beneficiary is under age 18 and has not yet started in a qualified apprenticeship or educational program, please provide a description of the Designated Beneficiary's tentative future plans for such programs.

(A qualifying apprenticeship or educational program is one of the following: apprenticeship program registered and certified with the United States Department of Labor, as provided in 29 U.S.C. §50; an apprenticeship program required by any provision of West Virginia law or rule; an Associate Degree or certification program from a community and technical college; or a license or certification from an Advanced Career Education (ACE) career center.)

Account Certification and Authorization – You must Sign Below

By signing below, I am agreeing to the terms and conditions set forth in the [West Virginia Jumpstart Savings Program Account Disclosure Statement and Informational Booklet & Participation Agreement](#).

I understand and agree the [West Virginia Jumpstart Savings Program Account Disclosure Statement and Informational Booklet & Participation Agreement](#), as well as applicable federal and state law, govern all aspects of this Account and are incorporated herein by reference. I acknowledge I have received, read, and understand [West Virginia Jumpstart Savings Program Account Disclosure Statement and Informational Booklet & Participation Agreement](#) as currently in effect. I will retain a copy of the [West Virginia Jumpstart Savings Program Account Disclosure Statement and Informational Booklet & Participation Agreement](#) for my records.

I understand that the Board may, from time to time, amend the [West Virginia Jumpstart Savings Program Account Disclosure Statement and Informational Booklet & Participation Agreement](#), and I understand and agree that I will be subject to the terms of those amendments.

I consent that the information presented on this form may be shared with West Virginia Tax Department and/or the Savings Account Manager in accordance with Program operations.

For W-9 certification purposes, under the penalty of perjury, I certify that:

1. The number shown on this Program Application is my correct Social Security Number and/or Taxpayer Identification number, and
 2. I am not subject to backup withhold because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
 3. I am a U.S. person (including a U.S. resident alien). As a resident alien, my country of citizenship was included in the Program Application.
- If you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return, please check here to certify that item 2 above is not applicable.

I certify that the IRS does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

I certify that all of the information provided by me on this Designated Beneficiary Change Form is, and all information provided by me in the future will be, true, complete and correct.

Signature of Account Owner: _____

Date: _____