



DC College Savings Plan Beneficiary Change Form

DC College Savings Plan

If you need assistance completing this application contact us at 800.987.4859, or 800.368.2745 for non-DC Residents .

DC Residents mail your completed form to:

DC College Savings Plan
PO Box 11466
Washington, DC 20008

Non DC Residents mail your completed form to:

DC College Savings Plan
PO Box 219544
Kansas City, MO 64121-9544

1 Account Owner (Please type or print clearly)

The person who owns the account makes beneficiary designation and directs investments and withdrawals.

First Name	Middle Initial	Last Name
Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
		Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		M M D D Y Y Y Y

2 Current Beneficiary

First Name	Middle Initial	Last Name
Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
		Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		M M D D Y Y Y Y

3 New Beneficiary

First Name	Middle Initial	Last Name
Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
		Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		M M D D Y Y Y Y

Relationship of new Beneficiary to current Beneficiary

Note: The new Beneficiary must be a Member of the Family of the current Beneficiary, in order to avoid a 10% penalty. A Member of the Family as defined in the DC College Savings Plan Description is: (i) a son or daughter of the Beneficiary, or a descendant of either, (ii) a stepson or stepdaughter of the Beneficiary, (iii) a brother, sister, stepbrother or stepsister of the Beneficiary, (iv) the father or mother of the Beneficiary, or an ancestor of either, (v) a stepfather or stepmother of the Beneficiary, (vi) a son or daughter or a brother or sister of the Beneficiary, (vii) a brother or sister of the father or mother of the Beneficiary, (viii) a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law of the Beneficiary, (ix) the spouse of the Beneficiary or the spouse of any other foregoing individuals, and (x) any first cousin of the Beneficiary. For this purpose, a child of an individual includes a legal child, and a brother or sister includes a brother or sister by half blood.

4 Investment Selections

By designating a new Beneficiary, you have the option of reallocating the existing portfolios or investing in new portfolios. This does not count toward your one-time annual reallocation benefit.

Reallocate my entire Portfolio by the percentages listed below.

Investment changes made per this selection will not change automatic investment program or payroll deduction allocations previously established.

Age-Based Portfolio Strategy (Beneficiary's Age)

DC College Savings Age Band 0-5 \$ _____

DC College Savings Age Band 6-10 \$ _____

DC College Savings Age Band 11-13 \$ _____

DC College Savings Age Band 14-16 \$ _____

DC College Savings Age Band 17 and up \$ _____

Single Fund Investment Strategy

Income (Bonds)

Calvert Income Fund — DC 529 \$ _____

Balanced (Stocks & Bonds)

Calvert Balanced Portfolio — DC 529 \$ _____

Equity Index

State Street Equity 500 Index Fund— DC 529 \$ _____

Managed Equities

Calvert Equity Fund — DC 529 \$ _____

Calvert Small Cap Value Fund — DC 529 \$ _____

Calvert World Values International Equity Fund — DC 529 \$ _____

Stability of Principal Investment Strategy

Acacia Principal Plus — DC 529 \$ _____

5 Signature

By signing below, I certify that the information provided on this form is true and accurate, that the new beneficiary listed is a member of the current beneficiary's family as defined in the DC College Savings Plan description and that I fully understand the consequences of such designation. I understand that by naming a new beneficiary a new account number will be established and the funds in the existing account will be transferred to the new beneficiary account.

As required by law and under penalty of perjury, I certify that (1) the Social Security or other tax payer identification (TIN) provided on this application is my correct TIN, (2) currently I am not under IRS notification that I am subject to back-up withholding (please strike out clause (2) if you are currently under notification), and (3) I am a U.S. person (including a U.S. resident alien). If a TIN is not supplied, the Fund withholds 31% of reportable dividend and/or redemption, and your account may be closed, unless you are not a U.S. citizen or resident.

Account Owner's Signature

Date