



CA 529 ScholarShare Transfer Request

(For students currently enrolled in SFUSD)

K2C will facilitate a requested transfer as quickly as possible, but the process could take up to 30 days.
Visit www.k2csf.org for the latest program rules and related instructions.

Transfer contributions and incentives into a 529 CA ScholarShare Account and (check one)?

Keep Citibank K2C Account Open (suggested)

- Keep \$10 in the existing K2C account at Citibank, and transfer remaining personal contributions and incentives from the K2C account into a 529 CA ScholarShare account. A minimum of \$10 in contributions must be kept to maintain an active K2C account, retain any earned incentives, and remain eligible for future incentives. I agree to link my 529 CA ScholarShare account with K2C's online portal to allow K2C to continue to provide me with information and support.

Close Citibank K2C Account

- Transfer all personal contributions and incentives from the K2C account into a 529 CA ScholarShare account and close K2C account. I agree to stop making contributions including any recurring payments such as Bill Pay or Direct Deposit. I agree to link my 529 CA ScholarShare account with K2C's online portal to allow K2C to continue to provide me with information and support.

Please fill out account information below for K2C to directly make the transfer to ScholarShare

ScholarShare 529 Account Number: _____

ScholarShare 529 Account Owner Name: _____

*If K2C is unable to successfully transfer funds electronically to the 529 ScholarShare account, a check with contributions only will be mailed to the address below payable to the student.

Student Information:

First Name: _____ Last Name: _____ Date of Birth: _____

Address:* _____

City: _____ State: _____ Zip Code: _____

SFUSD School: _____ K2C Account #, beginning with 332201 _____

*If your address has changed, please provide proof of new address, such as your utility bill, home or renters insurance, pay stub within 45 days, or other proof of residency.

Parent/Guardian, or participating students age 18+ Information

Relationship to Student: Parent/Guardian Self

Email: _____ Phone: (____) _____

I declare under penalty of perjury that all information contained in this form is true, correct and complete. I certify that I am the legal parent/guardian, or participating student age 18+ of this K2C account.

Signature: _____

Print name: _____ Date: _____

Submit this form online at www.k2csf.org, or by email to k2c@sfgov.org, or by US mail to the address below.
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