## **CUSTODIAL ACCOUNT – TRANSFER OF OWNERSHIP FORM**



Use this form to transfer the custodianship of a Uniform Gifts to Minors Act ("UGMA") or Uniform Transfers to Minors Act ("UTMA") account when the minor has reached the age of majority under appropriate state law. A copy of the minor's birth certificate may be required if the birthdate provided on this form does not match the birthdate on file. Please also complete a new account application with this form.

| ECTION 1: ACCO       | JNT INFORMATION                |  |   |  |  |
|----------------------|--------------------------------|--|---|--|--|
| Account Number(s     | s):                            | Custodia   | n's Name:   |  |  |
| Former Minor's Na    | ame:                           |  | Birthdate (mm/dd/yyyy) (required):                          |  |  |
| Account Registrati   | on Address:                    |  |   |  |  |
| Last 4 Digits Of Soc | cial Security / Tax Identifica | ation Number:  |   |  |  |
| Cell Phone Number:   |                                | Alternate  | Alternate Phone Number:                                     |  |  |
| Email Address:       |                                |  |   |  |  |
|                      |                                |  |   |  |  |
|                      |                                |  |   |  |  |
| ECTION 2: INSTR      |                                |  |   |  |  |
| A                    |                                | has reached the age of m                             | najority for the State of                                   |  |  |
| B. Type of T         | ransfer (check the appr        | ropriate option below)                               |   |  |  |
|                      |                                |  |   |  |  |
|                      |                                | MA/UTMA account into a<br>ion and return it with thi | an Individual account. Please also complete a n<br>is form. |  |  |

## **SECTION 3: AUTHORIZATION OF ACCOUNT OWNER(S)**

By signing below, I authorize Aquila Distributors LLC, BNY Mellon Investment Servicing (US) Inc., or any successor transfer agent or sub-transfer agent (the "Transfer Agent"), or its affiliates, to act on the instructions reasonably believed to be genuine for the instructions described on this form.

| Former Minor's Signature: | Date (mm/dd/yyyy): |  |
|---------------------------|--------------------|--|
|                           |                    |  |

## Medallion Signature Guarantee Stamp and Signature:

An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is not an acceptable substitute for a signature guarantee.

| Medallion Signature Guarantee<br>(If Required) |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |

## **SECTION 4: HOW TO SUBMIT THIS FORM**

Regular mail:

Aquila Group of Funds P.O. Box 534428

Pittsburgh, PA 15253-4428

Overnight mail:

Aquila Group of Funds Attention: 534428 500 Ross Street, 154-0520

Pittsburgh, PA 15262

If you have any questions or need assistance completing this form, please contact us at (800) 437-1000, Monday through Friday, between 8:00 AM and 6:00 PM ET.