Account Information Change Form

ALASKA529

- Use this form to: change the legal name, address, phone number, or email
 address of the Account Owner, Custodian, or Beneficiary; or to add or change
 the Successor Account Owner/Custodian, interested party, or Rights to Account
 Information on file.
- If you are changing the address on your Account, a hold will be placed on the issuance of any withdrawal until 10 business days have passed.
- If you are changing your name you must provide either a legal document such
 as a copy of a marriage certificate, court document, or copy of a Social Security
 card; or have your former signature and your new signature Medallion signature
 guaranteed in **Section 8** by an authorized officer of a bank, broker, or other
 qualified financial institution.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink.

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.

-	1-888-425-2752 Monday - Friday 7 a.m. to 6 p.m. Alaska Time
k	AlaskaF20nlan com

Regular mailing address:

Alaska 529 PO Box 219865 Kansas City, MO 64121

Overnight mailing address:

Alaska 529 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Account Number(s) (To list more than six Accounts, use a separate sheet.) Account Owner/Custodian (First name) (M.I.) Account Owner/Custodian (Last name) Information to Change Account Owner/Custodian — Section 3 Beneficiary — Section 4 Successor Account Owner/Custodian — Section 5 Interested Party — Section 6 Rights to Account Information — Section 7	Current Account Owner/Custodian Information	
Account Owner/Custodian (First name) Account Owner/Custodian (Last name) Telephone Number Information to Change Account Owner/Custodian — Section 3 Beneficiary — Section 4 Successor Account Owner/Custodian — Section 5 Interested Party — Section 6		
Account Owner/Custodian (First name) (M.I.) Account Owner/Custodian (Last name) Telephone Number Information to Change Account Owner/Custodian — Section 3 Beneficiary — Section 4 Successor Account Owner/Custodian — Section 5 Interested Party — Section 6		
Account Owner/Custodian (Last name) Telephone Number Information to Change Account Owner/Custodian — Section 3 Beneficiary — Section 4 Successor Account Owner/Custodian — Section 5 Interested Party — Section 6	Account Number(s) (To list more than six Accounts, use a separate sheet.)	
Information to Change Account Owner/Custodian — Section 3 Beneficiary — Section 4 Successor Account Owner/Custodian — Section 5 Interested Party — Section 6	Account Owner/Custodian (First name)	(M.I.)
Information to Change Account Owner/Custodian — Section 3 Beneficiary — Section 4 Successor Account Owner/Custodian — Section 5 Interested Party — Section 6	Account Owner/Custodian (Last name)	
Account Owner/Custodian — Section 3 Beneficiary — Section 4 Successor Account Owner/Custodian — Section 5 Interested Party — Section 6		
Beneficiary — Section 4 Successor Account Owner/Custodian — Section 5 Interested Party — Section 6		
Successor Account Owner/Custodian — Section 5 Interested Party — Section 6	Account Owner/Custodian — Section 3	
Interested Party — Section 6	Beneficiary — Section 4	
	Successor Account Owner/Custodian — Section 5	
Rights to Account Information — Section 7	Interested Party — Section 6	
	Rights to Account Information — Section 7	



Email Address

3. Account Owner/Custodian Information

- If you are changing your name and/or contact information, provide only the new information exactly as you would like it to appear on your Account.
- If you are correcting your Social Security number, you must provide a copy of a Social Security card or W-9 form.

 If you are changing your name, you must provide a legal document of a Social Security card. 	such as a copy of a marriage certificate, court document, or copy
Account Owner/Custodian (First name)	(M.I.,
Account Owner/Custodian (Last name)	
Permanent Street Address (P.O. boxes are not acceptable.)	
City	State Zip Code
Account Mailing Address if different from above (This address will be used as the Acc	count's address of fecold for an Account manings.)
City	State Zip Code
Primary Telephone Number	Secondary Telephone Number
Mobile Landline	Mobile Landline
Birth Date (mm-dd-yyyy)	

4. Beneficiary Information

 If you are changing your Beneficiary's name, you must provide a legal document such as a copy of a marriage certificate, court document, or copy of a Social Security card. • If you are correcting your Beneficiary's Social Security number, you must provide a copy of a Social Security card or W-9 form. If you are changing the Beneficiary, you must submit a **Transfer Form**. Beneficiary (First name) (M.I.)Beneficiary (Last name) Beneficiary Birth Date (mm-dd-yyyy) Beneficiary Social Security or Taxpayer Identification Number Mailing Address Zip Code State **Successor Account Owner/Custodian Information** Note: If your Account is an UGMA/UTMA Account, the individual named in this section will act as Successor Custodian until the Beneficiary has reached the age of termination. Complete this section only if you are adding, replacing, changing information, or removing Successor information on your Account. The Successor Account Owner/Custodian will become the Account Owner/Custodian upon death of the original Account Owner/ Custodian. • You may revoke or change the Successor Account Owner/Custodian at any time. See the Plan Disclosure Document for more information. • The person you designate as Successor Account Owner/Custodian must be at least 18 years old at the time of transfer or can be a trust or other legally recognized entity. You may only designate one Successor Account Owner/Custodian per Beneficiary. The Successor Account Owner/Custodian will not receive quarterly statements. Check one. Replace/Update Existing Add New Remove (M.I.) Successor Account Owner/Custodian (First name) or Entity Successor Account Owner/Custodian (Last name) or Entity

Successor Account Owner/Custodian Birth Date/Trust Date (mm-dd-yyyy) (Required)

6. Interested Party Information

Complete this section if you want to have an additional person (*Interested Party*) receive quarterly Account statements, to update information about a current interested party, or to replace or remove an interested party. Use a separate sheet if necessary.

Check one.			
Add	Replace	Change Current Information	Remove
Interested Party (Fir	st name)		(M.
Interested Party or 1	Trust (Last name)		
Mailing Address			
City		State	Zip Code
Telephone Number			
Relationship to	Account Owner/Cu	ustodian	
Compliance	Investment	Advisor Family Member	Other
Rights to Ac	count Informatio	n	
	ection if you want to na or to replace or remov		r Account, to update information about a current
Note: This perso	on will not have author	ity to transact on the Account.	
Check one.			
Add	Replace	Change Current Information	Remove
Level 1 Agent (First	name)		(M.
Level 1 Agent (Last)	name)		
Mailing Address			
City		State	Zip Code
Telephone Number			
Relationship to	Account Owner/Cu	ustodian	
Compliance	Investment	Advisor Family Member	Other

8. Signature — YOU MUST SIGN BELO	Signature — YOU MUST SI	GN BEL	0W
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I hereby make the changes or additions noted above to my Alaska 529 Account(s). This information replaces any existing information on file with Alaska 529. I certify the information contained herein is true and correct, and supporting documentation is attached if required. If naming a new Successor Account Owner/Custodian, I certify that the Successor Account Owner/Custodian Social Security number provided is correct, and that the Successor Account Owner/Custodian is a U.S. citizen or resident alien.

SIGNATURE		
Signature of Account Owner/Custodian or Authorized Representative of Entity	Date (mm-dd-yyyy)	

Medallion Signature Guarantee — REQUIRED FOR NAME CHANGES IF LEGAL DOCUMENTATION IS NOT INCLUDED

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion signature guarantee from an authorized officer of a bank, broker, or other qualified financial institution.
 A notary public cannot provide a Medallion signature guarantee, nor can you guarantee your own signature.
- Do not sign below until you are in the presence of the authorized officer providing the Medallion signature guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Plan Disclosure Document.

SIGNATURE	Authorized Officer to place stamp here
Signature of Account Owner/Custodian (In the presence of the authorized officer.)	rationized erilled to place etamp ileic
Signature of Guarantor	
L	
Name of Institution	
Date (mm-dd-yyyy)	