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

Alaska529plan.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

1. Current Account Owner/Custodian Information

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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)*

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Telephone Number

2. 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**

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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 such as a copy of a marriage certificate, court document, or copy of a Social Security card.

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 Account's address of record for all Account mailings.)*

City State Zip Code —

— — Primary Telephone Number

Mobile Landline

— — Secondary Telephone Number

Mobile Landline

— — Birth Date *(mm-dd-yyyy)*

Email Address

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 Social Security or Taxpayer Identification Number

— — Beneficiary Birth Date *(mm-dd-yyyy)*

Mailing Address

City State Zip Code —

5. 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.

☐ Add New ☐ Replace/Update Existing ☐ Remove

Successor Account Owner/Custodian *(First name)* or Entity *(M.I.)*

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 *(First name)* *(M.I.)*

Interested Party or Trust *(Last name)*

Mailing Address

City State Zip Code —

Telephone Number — —

Relationship to Account Owner/Custodian

☐ Compliance ☐ Investment Advisor ☐ Family Member ☐ Other

7. Rights to Account Information

Complete this section if you want to name a person who can contact us to discuss your Account, to update information about a current authorized party, or to replace or remove an authorized party.

Note: This person will not have authority to transact on the Account.

Check one.

☐ Add ☐ Replace ☐ Change Current Information ☐ Remove

Level 1 Agent *(First name)* *(M.I.)*

Level 1 Agent *(Last name)*

Mailing Address

City State Zip Code —

Telephone Number — —

Relationship to Account Owner/Custodian

☐ Compliance ☐ Investment Advisor ☐ Family Member ☐ Other

8. Signature — YOU MUST SIGN BELOW

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

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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

Signature of Account Owner/Custodian *(In the presence of the authorized officer.)*

Signature of Guarantor

Title

Name of Institution

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Date *(mm-dd-yyyy)*

Authorized Officer to place stamp here