



# Account Information Change Form

- 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.



1-866-521-1894

Monday - Friday 8:00 a.m. to 8:00 p.m. ET



www.troweprice529.com

Regular mailing address:  
**T. Rowe Price College Savings Plan**  
**PO Box 219124**  
**Kansas City, MO 64121**

Overnight mailing address:  
**T. Rowe Price College Savings Plan**  
**1001 E 101st Terrace, Suite 200**  
**Kansas City, MO 64131**

## 1. Current Account Owner/Custodian Information

—

—

—

—

—

—

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)

—  —

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



\* T R P I N F O C H A N G E \*





**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 T. Rowe Price College Savings Plan Account(s). This information replaces any existing information on file with T. Rowe Price College Savings Plan. 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  
Signature of Account Owner/Custodian (In the presence of the authorized officer.)

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□  
Date (mm-dd-yyyy)

**Authorized Officer to place stamp here**