#### GIFT College Investing Plan

# **Account Information Change Form**



- The following can be changed by completing this form: mailing address, phone number, email address, successor account owner, or interested party information.
- If you are changing your name you must provide either a copy of the legal document that changes your name (i.e. Certified Marriage
  Certificate, Divorce Decree, etc.); or, your former signature and your new signature must be Medallion Signature Guaranteed in Section 7
  by an authorized officer of a bank, broker, or other qualified financial institution.
- If you are changing the account owner of an existing account, the new account owner must attach an Account Application.
- · Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **www.thegiftplan.com**, or you can call us to order any form — or request assistance in completing this form at **1.800.587.7301** any business day from 9:00 a.m. to 8:00 p.m. ET.

Mail this form and any other required documents to:

GIFT College Investing Plan P.O. Box 219376 Kansas City, MO 64121-9376 For overnight delivery or registered mail, send to:

GIFT College Investing Plan 920 Main Street, Suite 900 Kansas City, MO 64105

Current Account Owner Information			
Account Number(s) (To list more than three accounts, use a separate sheet)			
Social Security Number or Taxpayer Identification Number			
Name of Account Owner (first, middle initial, last)			
Daytime Telephone Number	Evening Telepho	one Number	
Permanent Street Address (A P.O. Box or rural route number are <b>not</b> acceptable.)			
City	State	Zip	



### DO NOT STAPLE

# 2. Updated Account Owner Information (If applicable)

Name of Account Owner (first, middle initial, last)  Daytime Telephone Number  Evening Telephone Number  E-mail Address  Permanent Street Address (A P.O. Box or rural route number are <b>not</b> acceptable.)  City  State  Zip  Account Mailing Address if different from above (This address will be used as the account's address of record and for all account mailings.)																												
E-mail Address  Permanent Street Address (A P.O. Box or rural route number are <b>not</b> acceptable.)  Sity  State  Zip	Name of Acc	ount O	vner (fi	rst, m	iddle	initia	ıl, las	t)																				
E-mail Address  Permanent Street Address (A P.O. Box or rural route number are <b>not</b> acceptable.)  City State Zip					]_													7_[										
Permanent Street Address (A P.O. Box or rural route number are <b>not</b> acceptable.)  City State Zip	Daytime Tele	ephone	Numbe	r											Eveni	ng T	eleph	one l	lumb	er								
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Account Mailing Address if different from above (This address will be used as the account's address of record and for all account mailings.)	City														State			Zip										
Account Mailing Address if different from above (This address will be used as the account's address of record and for all account mailings.)																												
	Account Mai	ling Ad	dress <i>it</i>	differ	ent fi	rom a	bove	(This	addre	ess w	vill be	used	as th	e acco	unt's a	addre	9SS 01	f reco	rd an	d for	all a	ссои	nt m	ailii	igs.)			
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City State Zip	City														State			Zip										
	<b>fransfer</b>	Ass	ets t	o Ne	w.	Acc	cou	nt O	wn	er (	If ap	plica	ble)															
Transfer Assets to New Account Owner (If applicable)					-																		ed I	oeld	JW.			
This will transfer ownership of all of the assets on the referenced account to the new account owner listed below.																sset	ts he	ld in	the	accı	ount							
This will transfer ownership of all of the assets on the referenced account to the new account owner listed below.  The new account owner will control the account and the disposition of all assets held in the account.	ine nev	w acco	ount ov	wner	mus	l ais	o co	mpiei	.e an	AC	COU	nt Aj	орно	atio	1.													
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### DO NOT STAPLE

Daytime Telephone Number

### 4. Successor Account Owner Information (If applicable)

<ul> <li>Complete this section</li> </ul>	ion only if you	i are adding, cha	gg, og	000000001 00001		1
<ul> <li>You may revoke or more information.</li> </ul>	change the s	uccessor accoun	t owner at any time	. See the GIFT F	Plan Program Descr	iption for
The person you des	signate as suc	ccessor account	owner <b>must be at l</b>	east 18 years	old and a U.S. cit	tizen or resident alien.
Check one.	Add	Change	Delete			
Name of Successor Accour	nt Owner <i>(first, i</i>	middle initial, last)				
Birth Date (mm/dd/yyyy)						
Interested Party I	if you want ac	dditional person	s to receive quarterl	•		unt or if you are changing party, use a separate sheet.
Interested Party I	if you want ac	dditional person account. To add	s to receive quarterl	tion for more that		,
Interested Party I Complete this section interested party inform	if you want ac ation on your	dditional person account. To add	s to receive quarterl d or change informat	tion for more that	an one interested p	party, use a separate sheet.
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Complete this section interested party information.	if you want ac ation on your Add	dditional person account. To add	s to receive quarterl d or change informat	tion for more that	an one interested p	party, use a separate sheet.
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Check one.  Name (first, middle initial,	if you want ac ation on your Add	dditional person account. To add	s to receive quarterl d or change informat	tion for more that	an one interested p	party, use a separate sheet.

Relationship to Account Owner

3

### DO NOT STAPLE

I certify that the information provided herein is true and comp	olete in all respects.
SIGNATURE	
Signature of Account Owner	Date (mm/dd/yyyy)
Signature Guarantee – For Name Changes Onl	ly
If you are not providing certified legal documentation of your contact of the second sec	our name change you must provide the following.
You can obtain a Signature Guarantee from an authorized public cannot provide a Signature Guarantee, nor can you	officer of a bank, broker, or other qualified financial institution. A no guarantee your own signature.
Do not sign below until you are in the presence of the control of the contro	he authorized officer providing the Signature Guarantee.
I certify that the information provided herein is true and comp	
r certify that the information provided herein is true and comp	plete in all respects.
S I G N A T U R E	olete in all respects.
SIGNATURE	Date (mm/dd/yyyy)
SIGNATURE	
SIGNATURE  Former Signature of Account Owner  SIGNATURE	
SIGNATURE  Former Signature of Account Owner  SIGNATURE  New Signature of Account Owner	Date (mm/dd/yyyy)
SIGNATURE  Former Signature of Account Owner  SIGNATURE	Date (mm/dd/yyyy)  Date (mm/dd/yyyy)
SIGNATURE  Former Signature of Account Owner  SIGNATURE  New Signature of Account Owner  SIGNATURE	Date (mm/dd/yyyy)  Date (mm/dd/yyyy)
SIGNATURE  Former Signature of Account Owner  SIGNATURE  New Signature of Account Owner  SIGNATURE	Date (mm/dd/yyyy)



