



Arkansas Brighter Future Direct 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.BrighterFutureDirect529.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: Arkansas Brighter Future Direct Plan P.O. Box 219376 Kansas City, MO 64121-9376
For overnight delivery or registered mail, send to: Arkansas Brighter Future Direct Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

1. Current Account Owner Information

Account number input fields: three rows of ten boxes each, followed by a hyphen and two boxes.

Account Number(s) (To list more than three accounts, use a separate sheet)

Social Security Number or Taxpayer Identification Number input fields: three boxes, hyphen, two boxes, hyphen, four boxes.

Name of Account Owner (first, middle initial, last) input fields: twenty-six boxes.

Daytime Telephone Number input fields: three boxes, hyphen, three boxes, hyphen, four boxes.

Daytime Telephone Number

Evening Telephone Number input fields: three boxes, hyphen, three boxes, hyphen, four boxes.

Evening Telephone Number

Permanent Street Address (A P.O. Box or rural route number are not acceptable.) input fields: twenty-five boxes.

City input fields: twelve boxes.

City

State input fields: two boxes.

State

Zip input fields: four boxes, hyphen, four boxes.

Zip



**DO NOT STAPLE**

**2. Updated Account Owner Information** *(If applicable)*

- If you are changing your contact information, provide the new information exactly as you would like it to appear on your Arkansas Brighter Future Direct Plan account.
- If you are changing your name, you must also provide a copy of the legal document that changes your name, or your former signature and your new signature must be Medallion Signature Guaranteed in Section 7.

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 not 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.)*

City

State

 - 

Zip

**3. Transfer Assets to New Account Owner** *(If applicable)*

- 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.
- The new account owner must also complete an **Account Application**.

 - 

Account Number *(if applicable)*

Name of New Account Owner *(first, middle initial, last)*

 -  - 

Social Security Number or Taxpayer Identification Number

 -  - 

Birth Date/Trust Date *(mm/dd/yyyy)*

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

- Complete this section only if you are adding, changing, or removing successor account owner information on your account.
- You may revoke or change the successor account owner at any time. See the Arkansas Brighter Future Direct Plan Program Description for more information.
- The person you designate as successor account owner **must be at least 18 years old and a U.S. citizen or resident alien.**

**Check one.**  Add  Change  Delete

[Grid of 30 empty boxes for Name of Successor Account Owner]

Name of Successor Account Owner (*first, middle initial, last*)

[Grid of boxes for Birth Date in mm/dd/yyyy format]

Birth Date (*mm/dd/yyyy*)

**5. Interested Party Information** *(If applicable)*

Complete this section if you want additional persons to receive quarterly account statements on the account or if you are changing interested party information on your account. To add or change information for more than one interested party, use a separate sheet.

**Check one.**  Add  Replace interested party  Change current information  Delete

[Grid of 30 empty boxes for Name of Interested Party]

Name (*first, middle initial, last*)

[Grid of 30 empty boxes for Address]

Address

[Grid of boxes for City]

City

[Grid of boxes for State]

State

[Grid of boxes for Zip]

Zip

[Grid of boxes for Zip extension]

[Grid of boxes for Daytime Telephone Number]

Daytime Telephone Number

[Wide box for Relationship to Account Owner]

Relationship to Account Owner

**DO NOT STAPLE**

**6. Signature — YOU MUST SIGN BELOW** *However, if you are changing your name, skip this section and complete Section 7 instead.*

I certify that the information provided herein is true and complete in all respects.

➤ SIGNATURE  
Signature of Account Owner

□□ — □□ — □□□□  
Date (mm/dd/yyyy)

**7. Signature Guarantee – For Name Changes Only**

- If you are not providing certified legal documentation of your name change you must provide the following.
- You can obtain a Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. *A notary public cannot provide a 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 Signature Guarantee.**

I certify that the information provided herein is true and complete in all respects.

➤ SIGNATURE  
Former Signature of Account Owner

□□ — □□ — □□□□  
Date (mm/dd/yyyy)

➤ SIGNATURE  
New Signature of Account Owner

□□ — □□ — □□□□  
Date (mm/dd/yyyy)

➤ SIGNATURE  
Signature of Guarantor

\_\_\_\_\_  
Title/Name of Institution

□□ — □□ — □□□□  
Date (mm/dd/yyyy)

**Authorized Officer to Place Stamp Here**