ScholarShare College Savings Plan

Profile Change Form



- Use this form to change: your name, address, phone number, email address, Successor Account Participant/Custodian, Beneficiary Information, Interested Party information or Trusted Contact Person information.
- If you are changing the address on your Account, a hold will be placed on the issuance of any withdrawal until 20 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.
- If you are changing the Account Participant/Custodian or Beneficiary of an existing account, you must complete the **Transfer Form**.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed. Do not staple.

To request assistance in completing this form call us at **1.800.544.5248**, Monday through Friday from 8 a.m. -7 p.m. PT.

www.ScholarShare529.com

Regular mailing address:

ScholarShare College Savings Plan P.O. Box 219185 Kansas City, MO 64121-9185

Overnight mailing address:

ScholarShare College Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

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



Primary Telephone Number

3 Updated Account Participant/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 ScholarShare College Savings Plan 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 Participant/Custodian (First name) (M.I.)
Account Participant/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 Secondary Telephone Number
Birth Date (mm-dd-yyyy)
Email Address
 Beneficiary Information If you are changing your beneficiary 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 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 new Account Application and 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

Secondary Telephone Number

5 Successor Participant/Custodian Information

Note: If your Account is an UTMA/UGMA 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 Participant/Custodian will become the Account Participant/Custodian upon death of the original Account Participant/Custodian.
- You may revoke or change the Successor Participant/Custodian at any time. See the ScholarShare College Savings Plan Description for more information.
- The person you designate as Successor Participant/Custodian must be at least 18 years old or can be a trust.
- You may only designate one Successor Participant/Custodian per beneficiary.

	• The Successor Participant/Custodian will not receive quarterly statements.				
Check one.					
Add New Replace/Update Existing Delete					
Successor Participant/Custodian or Trust (First name)	(M				
Successor Participant/Custodian or Trust (Last name)					
Social Security or Taxpayer Identification Number Successor Account Participant/Custodian Bir	rth Date/Trust Date (mm-dd-yyyy) (Required)				
Mailing Address (Include apartment or box number, if applicable)					
City State Zip Cod	de				
Check one. Add Replace Change current information Remove					
Add Replace Change current information Remove					
Interested Party (First name)					
Interested Party or Trust (Last name)					
Mailing Address					
Mailing Address City State Zip Cod	de				
Interested Party or Trust (Last name) Mailing Address City State Zip Cod Telephone Number Relationship to Account Participant/Custodian.	de				

7 Trusted Contact Person Information

- By completing this section, you designate the person identified below as your Trusted Contact Person for all beneficiaries, and authorize
 the ScholarShare College Savings Plan and its present and future direct and indirect subsidiaries, affiliates, successors and assigns the
 ScholarShare College Savings Plan to contact your Trusted Contact Person and disclose information about your Plan account:
 - to address possible financial exploitation;
 - to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
 - as otherwise permitted by Financial Industry Regulatory Authority Rule (FINRA) 2165.
- This section does not create or give your Trusted Contact Person power of attorney. Your Trusted Contact Person will not be able to access your Account, make changes to your account, or transfer assets to or from your Account.
- Completion of this section is optional and you may withdraw it at any time by notifying the Plan in writing. A Trusted Contact Person must be at least eighteen (18) years of age. You may add, change or remove your Trusted Contact Person by using this form.

Add Remove Change	
Trusted Contact Person (First name)	(M.I.)
Trusted Contact Person (Last name)	
Trusted Contact Person's Primary Telephone Number	Trusted Contact Person's Secondary Telephone Number
Trusted Contact Person's Email Address	
Trusted Contact Person's Mailing Address	
City	State Zip Code
Relationship to Account Participant/Custodian.	7

(e.g. spouse, child, holder of my power of attorney, lawyer, accountant, etc.)

8 Signature — YOU MUST SIGN BELOW

I hereby make the changes or additions noted above to my ScholarShare College Savings Plan Account(s). This information replaces any existing information on file with Ascensus College Savings Recordkeeping Services, LLC. I certify the information contained herein is true and correct, and supporting documentation is attached if required. If naming a new Successor Participant/Custodian, I certify that the Successor Participant/Custodian Social Security Number provided is correct, and that the Successor Participant/Custodian is a U.S. citizen or resident alien.

SIGNATURE	
Signature of Account Participant/Custodian	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.
- Please call ScholarShare College Savings Plan at 1.800.544.5248 if you have any questions concerning this process.

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 ScholarShare College Savings Plan Description.

SIGNATURE	Authorized Officer to place stamp here
Former Signature of Account Participant/Custodian (In the presence of the authorized officer.)	Authorizon official to place stamp here
SIGNATURE	
Current Signature of Account Participant/Custodian (In the presence of the authorized officer.)	
Signature of Guarantor	
Title	
Name of Institution	
Date (mm-dd-yyyy)	

