

3 Updated Account Participant 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 (First name) (M.I.)

Account Participant (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

4 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 —

Primary Telephone Number Secondary Telephone Number

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.

(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, I certify that the Successor Participant Social Security Number provided is correct, and that the Successor Participant is a U.S. citizen or resident alien.

SIGNATURE

Signature of Account Participant

□□ — □□ — □□□□

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

Former Signature of Account Participant (In the presence of the authorized officer.)

SIGNATURE

Current Signature of Account Participant (In the presence of the authorized officer.)

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm-dd-yyyy)

Authorized Officer to place stamp here