

3. Updated Account Owner information

- If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your DC College Savings Plan Account. You do not need to enter information that will not be changed.
- If you are changing your name, you must also provide a copy of an official document that changes your name or your former signature and your new signature must be Medallion Signature Guaranteed in **Section 8** by an authorized officer of a bank, broker, or other qualified financial institution.

Note: Changing the address on your account will place a 10 business day hold on any Withdrawal(s) you may request. The funds will be released once the hold time has been met.

Name of Account Owner *(first, middle initial, last)* – –
Telephone Number *(In case we have a question about your Account.)*
Email Address
Permanent Street Address *(A P.O. box or rural route number is 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 and for all Account mailings.)* City State Zip Code –

4. Transfer assets to a new Account Owner

- This will transfer ownership of all of the assets in the referenced Account to the new Account Owner listed below.
- If you transfer ownership, you must also provide a Medallion Signature Guarantee in **Section 8**.
- 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 **Enrollment Form** if the new Account Owner does not have an Account on file.
- If you are transferring due to death, please submit a copy of the Account Owner’s death certificate.

Important: You cannot change the Custodian for an UGMA/UTMA Account.

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Account Number *(If applicable)*
Name of New Account Owner *(first, middle initial, last) (Required)* – –
Social Security Number or Taxpayer Identification Number **(Required)** – –
Birth Date/Trust Date *(mm/dd/yyyy) (Required)*

5. Successor Account Owner information

- Complete this section only if you are adding, changing, or removing Successor Account Owner information on your Account.
- As the Account Owner you may designate a Successor Account Owner to take control of the Account in the event of your death. You may revoke or change your designation later by completing the appropriate form. See the **DC College Savings Plan Program Disclosure Booklet** for more information.
- The person you designate as Successor Account Owner **must be at least 18 years old.**

Check one.

Add Change Delete

Name of Successor Account Owner (first, middle initial, last)/or Trust Name

— —

Birth Date or Trust Date (mm/dd/yyyy) (Required)

6. Interested party information

Complete this section if you want to add an individual as an interested party to the Account. An interested party will be able to call the DC College Savings Plan, receive information verbally about the Account and receive quarterly statements. An interested party will not be allowed to make changes to the Account or request transactions. You can also use this section to replace or change existing 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

Name (first, middle initial, last)

Mailing Address

City

State

—

Zip Code

— —

Telephone Number (In case we have a question about your Account.)

Relationship to Account Owner.

Parent/Guardian Investment Advisor Compliance Other

7. Signature — YOU MUST SIGN BELOW (However, if you are changing your name or transferring ownership of your Account(s) to a new Account Owner, skip this section and complete **Section 8** instead.)

- I certify that I have read, understand, consent, and agree to all the terms and conditions of the DC College Savings Plan Program Disclosure Booklet and understand the rules and regulations governing the DC College Savings Plan as they relate to this information change request.
- By signing below, I authorize the DC College Savings Plan or its designee to change my account information according to the instructions above.
- If I am changing the Account Owner, by signing this form as the current Account Owner, I acknowledge that the transfer is subject to the DC College Savings Plan’s verifications of the new Account Owner. I have consulted with a tax advisor concerning the potential income gift and estate tax consequences of my transfer of ownership before signing and submitting this form.
- If the Account is owned by an entity or trust, I certify that I am the Parent/Guardian/Custodian of the Account.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

8. Medallion Signature Guarantee — REQUIRED FOR NAME CHANGES IF YOU ARE NOT PROVIDING A COPY OF THE DOCUMENT THAT CHANGES YOUR NAME AND CHANGES TO THE ACCOUNT OWNER OF AN EXISTING ACCOUNT ONLY

- You must provide the following information as underwritten certification that the new 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 DC College Savings Plan Program Disclosure Booklet.

SIGNATURE

Former Signature of Account Owner (For name change only.)

Current Signature of Account Owner

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Authorized Officer to place stamp here