



HI529 — Hawaii's College Savings Program

Account Information Change Form

- The following can be changed online or by completing this form: mailing address, phone number, email address, successor account owner, or interested party information.
- Complete this form to change your name. If you are changing your name, your former signature and your new signature must be 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 **Enrollment Form**.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **www.hi529.com**, or you can call us to order any form – or request assistance in completing this form at **1.866.529.3343** any business day from 8:00 a.m. to 5:00 p.m. (Hawaii Standard Time).

Return this form and any other required documents in the enclosed postage-paid envelope, or mail to:

HI529 — Hawaii's College Savings Program
P.O. Box 219779
Kansas City, MO 64121-9779

For overnight delivery or registered mail, send to:

HI529 — Hawaii's College Savings Program
920 Main Street, Suite 900
Kansas City, MO 64105

1. Current Account Owner Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Social Security Number or Taxpayer Identification Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of Account Owner (first, middle initial, last)

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Daytime Telephone Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Evening Telephone Number



* H I A C C T I N F O C H G *

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 HI529 account.
- If you are changing your name, you must provide a signature guarantee in **Section 7**.

[Grid for Name of Account Owner]

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

[Grid for Daytime Telephone Number]

Daytime Telephone Number

[Grid for Evening Telephone Number]

Evening Telephone Number

[Grid for E-mail Address]

E-mail Address

[Grid for Permanent Street Address]

Permanent Street Address (A P.O. box or rural route number is **not** acceptable.)

[Grid for City]

City

[Grid for State]

State

[Grid for Zip]

Zip

[Grid for Account Mailing Address]

Account Mailing Address if different from above (This address will be used as the account's address of record and for all account mailings.)

[Grid for City]

City

[Grid for State]

State

[Grid for Zip]

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 **Enrollment Form**.

[Grid for Account Number]

Account Number (if applicable)

[Grid for Name of New Account Owner]

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

[Grid for Social Security Number]

Social Security Number or Taxpayer Identification Number

[Grid for Birth Date/Trust Date]

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 HI529 Plan Disclosure Statement 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 28 empty boxes for name entry]

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

[Grid of 8 empty boxes for birth date entry]

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 28 empty boxes for name entry]

Name (first, middle initial, last)

[Grid of 28 empty boxes for address entry]

Address

[Grid of 15 empty boxes for city entry]

City

[Grid of 2 empty boxes for state entry]

State

[Grid of 9 empty boxes for zip entry]

Zip

[Grid of 12 empty boxes for telephone number entry]

Daytime Telephone Number

[Long horizontal box for relationship to account owner entry]

Relationship to Account Owner

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 of Account Owner

- -

Date (mm/dd/yyyy)

7. Signature Guarantee – REQUIRED FOR NAME CHANGES ONLY

- You must provide the following information as underwritten certification that your new signature is genuine.
- If you are changing your name, your former signature and your new signature must be guaranteed. 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.

➤

Former Signature of Account Owner

- -

Date (mm/dd/yyyy)

➤

New Signature of Account Owner

- -

Date (mm/dd/yyyy)

➤

Signature of Guarantor

Title/Name of Institution

- -

Date (mm/dd/yyyy)

Authorized Officer to Place Stamp Here