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).

1. Current Account Owner Information

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

Social Security Number or Taxpayer Identification Number

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

Daytime Telephone Number

Evening Telephone Number

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
200 Main Street, Suite 900
Kansas City, MO 64105
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 HI$29 account.
   - If you are changing your name, you must provide a signature guarantee 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 is 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 Enrollment Form.

   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 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

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

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

Name (first, middle initial, last)

Address

City     State     Zip

Daytime Telephone Number     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**
  - 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.

- **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)