



College Savings Iowa®

Account Information Change Form

- Complete this form to change the name, mailing address, phone number, e-mail address, successor participant, or interested party information on your account.
- If you are changing your legal 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.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at www.collegesavingsiowa.com. Or you can call us toll-free to order any form—or get assistance in filling out this one—at **888-672-9116** on business days from 8 a.m. to 9 p.m., Eastern time. Return this form in the enclosed postage-paid envelope, or mail to: **Michael L. Fitzgerald, Treasurer of State, College Savings Iowa, P.O. Box 219219, Kansas City, MO 64121-9219**. For overnight delivery or registered mail, send to: **Michael L. Fitzgerald, Treasurer of State, College Savings Iowa, 920 Main Street, Suite 900, Kansas City, MO 64105-2017**.

1. Participant Information

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

Name of Participant (first, middle initial, last) or Trust

Last Four Digits of Social Security Number, Individual Taxpayer ID Number, or EIN

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Daytime Telephone Number

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Evening Telephone Number

2. Information to Update or Change

- Participant—Complete **Section 3**.
- Successor Participant—Complete **Section 4**.
- Interested Party—Complete **Section 5**.

REMEMBER TO SIGN IN SECTION 6.



ACCT INFO IOWA

3. Update Participant Information *(if applicable)*

- If you are changing your address or other contact information, provide the new information exactly as you would like it to appear on your College Savings Iowa account.
- If you are changing your legal name, you must obtain a signature guarantee in **Section 7**.

New Legal Name of Participant *(first, middle initial, last)*

E-Mail Address

 - - - -

Daytime Telephone Number

Evening Telephone Number

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

City

State

Zip

Account Mailing Address if Different From Above *(used both as the account's address of record and for all account mailings)*

City

State

Zip

4. Successor Participant Information *(if applicable)*

- Complete this section to designate an individual to assume control of your account in the event of your death, or to replace or remove your current successor participant.
- You may revoke or change the successor participant at any time. Refer to the College Savings Iowa 529 Plan Program Description and Privacy Policies for more information.
- You can have only one successor participant per account, and he or she must be a U.S. citizen or resident alien and **must be at least 18 years of age**.

(Check one.) Add Change Remove

Name of Successor Participant *(first, middle initial, last)*

 / /

Birth Date *(month, day, year)*

5. Interested Party Information *(if applicable)*

Complete this section if you want additional persons to receive a quarterly statement 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 Change Current Information Remove

Name *(first, middle initial, last)*

Mailing Address

City

State

Zip

 - -

Telephone Number

Relationship

6. Signature

The participant must sign below. However, if you are changing your legal name, skip this section and complete Section 7 instead.

I certify that I have received and read the College Savings Iowa 529 Plan Program Description and Privacy Policies and understand the rules and regulations governing College Savings Iowa.

➤

Signature of Participant or Trustee

/ /

Date (month, day, year)

7. One-and-the-Same Signature Guarantee—REQUIRED FOR NAME CHANGES ONLY

- If you are changing your legal name, your former signature and your new signature must be guaranteed by an authorized officer of a bank, broker, or other qualified financial institution. *A notary public cannot provide a signature guarantee, and you cannot guarantee your own signature.*
- **Do not sign below until you are in the presence of the authorized officer providing the one-and-the-same signature guarantee.**

I certify that I have received and read the College Savings Iowa 529 Plan Program Description and Privacy Policies and understand the rules and regulations governing the College Savings Iowa 529 Plan.

➤

Former Signature of Participant

/ /

Date (month, day, year)

➤

New Signature of Participant

/ /

Date (month, day, year)

➤

Signature of Guarantor

Title/Name of Institution

/ /

Date (month, day, year)

Authorized Officer to Place Stamp Here

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