ISave 529™

Account Information Change Form

ISAVE Roby Smith Iowa Treasurer 529

- Complete this form to change the name, mailing address, phone number, email address, successor Account Owner, 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 **ISave529.com**, or you can call us to order any form—or request assistance in completing this form—at **888-672-9116** on business days from 7 a.m - 8 p.m. Central Time.

Return this form to:

ISave 529
P.O. Box 219219
Kansas City, MO 64121-9219

For overnight delivery or registered mail, send to:

ISave 529
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account Owner Information

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

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

Last Four Digits of Social Security Number, Individual Taxpayer ID Number or EIN ***(Required)***

☐☐☐ – ☐☐☐ – ☐☐☐☐
Daytime Telephone Number

☐☐☐ – ☐☐☐ – ☐☐☐☐
Evening Telephone Number

2. Information to Update or Change

☐ Account Owner—Complete **Section 3**.

☐ Successor Account Owner—Complete **Section 4**.

☐ Interested Party—Complete **Section 5**.

REMEMBER TO SIGN IN SECTION 6.

ACCT INFO IOWA

3. Update Account Owner 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 ISave 529 account.
- If you are changing your legal name, you must obtain a signature guarantee in **Section 7.**

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

Email 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 Code —

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

City | State | Zip Code —

4. Successor Account Owner 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 Account Owner.
- You may revoke or change the Successor Account Owner at any time. Refer to the ISave 529 Program Description and Privacy Policies for more information.
- You can have only one Successor Account Owner 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 Account Owner *(first, middle initial, last)*

Birth Date *(mm-dd-yyyy)* — —

Mailing Address

City | State | Zip Code —

Successor Email Address

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

Interested Party Name *(first, middle initial, last name)*

Mailing Address

City State Zip Code

Telephone Number Relationship

6. Signature

The Account Owner 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 ISave 529 Program Description and Privacy Policies and understand the rules and regulations governing ISave 529.

➤ SIGNATURE

Signature of Account Owner or Trustee

Date *(mm-dd-yyyy)*

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 ISave 529 Program Description and Privacy Policies and understand the rules and regulations governing the ISave 529 plan.

➤ 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)*

Authorized Officer to place stamp here

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