

Account Information Change Form

- 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.

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

- ☐ Account Owner—Complete **Section 3**.
- ☐ Successor Account Owner—Complete **Section 4**.
- ☐ Interested Party—Complete **Section 5**.

1

3.

- [illegible]

[illegible]

$$\square\square\square - \square\square\square - \square\square\square\square$$

$$\square\square\square - \square\square\square - \square\square\square\square$$

[illegible][illegible]

10

10/10

[illegible]

11

11

4.

- ☐ Add ☐ Change ☐ Remove

[illegible]

$\square\square - \square\square - \square\square\square\square$

$$\square\square\square - \square\square - \square\square\square\square$$

$$\boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

[illegible][illegible][illegible]

11

10/10

Zip Code

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)*

[illegible]

Mailing Address






City

State

Zip Code

- -

Telephone Number

Relationship

6. Signature

The Account Owner must sign below.

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

$$\boxed{}\boxed{} - \boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Date (mm-dd-yyyy)

7. One-and-the-Same Signature Guarantee—REQUIRED FOR NAME CHANGES if legal documentation is not included

- 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

$$\boxed{}\boxed{} - \boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Date (mm-dd-yyyy)

► SIGNATURE

New Signature of Account Owner

$$\boxed{}\boxed{} - \boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Date (mm-dd-yyyy)

► SIGNATURE

Signature of Guarantor

Title/Name of Institution

$$\boxed{}\boxed{} - \boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}$$

Date (mm-dd-yyyy)

Authorized Officer to place stamp here