ISave 529[™] Account Information Change Form

- ISAVE Roby Smith 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 name you must provide either a legal document (e.g. copy of a marriage certificate, court document or a copy of a Social Security card) or have your former signature and your new signature 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



REMEMBER TO SIGN IN SECTION 6.



. 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 name, you must provide a legal document or obtain a signature guarantee in Section 7.

New Legal Name of Account Owner (first, middle initial, last)					
Email Address					
Daytime Telephone Number Evenine	g Telephone Nu	mber			
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	Rem	iove						
Name of Successor Acco	ount Owner <i>(first, middle</i>	initial, last) (Re	equired)						
Birth Date <i>(mm-dd-yyyy)</i>] — [] [] [] [] [] [] [] [] [] [] [] [] []			Social Securit] — [y Number	-	- []		
Telephone Number (Req	—[uired)]						
Email Address									
Mailing Address									
City				State		Zip Code		_	

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	Chang	ge Current Information	Remove	
Interested Party Name	e (first, middle initial, last name,				
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		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 SIGNATURE New Signature of Account Owner	Date (mm-dd-yyyy)
Signature of Guarantor	Authorized Officer to place stamp here
Title/Name of Institution	
Date (mm-dd-yyyy)	

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