## IDeal – Idaho College Savings Program

# **Profile Change Form**



- Use this form to change: your name, address, phone number, email address, Successor Account Owner, Beneficiary Information, Interested Party information or Trusted Contact Person information. If you are changing the Account Owner or Beneficiary of an existing account, you must complete the **Transfer Form**.
- If you are changing the address on your Account, a hold will be placed on the issuance of any withdrawal until 20 Business Days have passed.
- If you are changing your name you must provide either a legal document such as a copy
  of a Marriage Certificate, court document, or copy of a Social Security card; or have your
  former signature and your new signature Medallion Signature Guaranteed in **Section 8**by an authorized officer of a bank, broker, or other qualified financial institution.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed. Do not staple.

Forms can be downloaded from our website at **www.idsaves.org** or you can call us to request any form or for assistance in completing this form — at **1.866.433.2533** any business day from 6 a.m. to 6 p.m., Mountain Time.

	<b>1.866.433.2533</b> Monday to Friday 6 a.m 6 p.m.	
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www.idsaves.org

Regular mailing address:

IDeal – Idaho College Savings Program P.O. Box 219944 Kansas City, MO 64121

Overnight mailing address:

IDeal – Idaho College Savings Program 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

1.	Current Account Owner Information
	Account Number(s) (To list more than six Accounts, use a separate sheet.).
	Account Owner (First name)
	Account Owner (First name) (M.1.)
	Account Ownern (Last name)
	Telephone Number
2.	Information to Update or Change
	Account Owner — Section 3
	Beneficiary — Section 4
	Successor Account Owner — Section 5
	Interested Party — Section 6
	Trusted Contact Person — Section 7



Email Address

#### 3. Updated Account Owner Information

- If you are changing your name and/or contact information, provide only the new information exactly as you would like it to appear on your IDeal Account.
- If you are correcting your social security number, you must provide a copy of a Social Security card or W-9 form.
- If you are changing your name, you must provide a legal document such as a copy of a marriage certificate, court document, or copy of a Social Security card.

• If you are changing the Beneficiary, you must submit a new **Enrollment Form** (if they do not already have an existing Account) and a

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Account Owner (First name) (M.I.
Account Owner (Last name)
Permanent Street Address (P.O. boxes are <b>not</b> acceptable.)
City State Zip Code
State Zip Goue
Account Mailing Address if different from above (This address will be used as the Account's address of record for all Account mailings.)
City State Zip Code
Evening Telephone Number  Daytime Telephone Number
PLEASE NOTE: If you do not to agree to be contacted for the matters described above, you understand that we may still contact you at the phone number(s) you have provided in order to service your account.
Birth Date (mm-dd-yyyy)

## 4. Updated Beneficiary Information

**Evening Telephone Number** 

• If you are changing the name of the existing beneficiary, you must provide a legal document such as a copy of a marriage certificate, court document, or copy of a Social Security card.

If you are changing the Beneficiary, you must submit a new Enrollment Form (if they do not already have an existing account and a

• If you are correcting your beneficiary social security number, you must provide a copy of a Social Security card or W-9 form.

Transfer Form).	
Beneficiary (First name)	(M.I.
Beneficiary (Last name)	
Beneficiary Social Security or Taxpayer Identification Number	Beneficiary Birth Date (mm-dd-yyyy)
Mailing Address	
City	State Zip Code

## 5. Updated Successor Account Owner or Successor Account for an UTMA/UGMA Information

**Note:** If your Account is an UTMA/UGMA Account, the individual named in this section will act as Successor until the beneficiary has reached the Age of Termination. Additionally, UTMA accounts have distinct rules around succession that may vary by state, and any designation made here would need to align with any designation made when the UTMA was established.

Daytime Telephone Number

- Complete this section only if you are adding, replacing, changing information, or removing Successor information on your Account. The Successor Account Owner will become the Account Owner upon death of the original Account Owner.
- You may revoke or change the Successor Account Owner at any time. See the IDeal Disclosure Statement for more information.
- The person you designate as Successor Account Owner must be at least 18 years old or can be a trust.
- You may only designate one Successor Account Owner per beneficiary.
- The Successor Account Owner will not receive quarterly statements.

Check one.			
Add New	Replace/Update Existing	Delete	
Successor Account Owner	or Trust (First name)	(M.I.	]
Successor Account Owner	or Trust (Last name)		
Successor Account Owner	- Birth Date/Trust Date (mm.dd.yww) (Required	1	

6.	Undated	Interested	Party	Information
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**Relationship to Account Owner** 

Attorney

Spouse

Advisor

Complete this section if you want to have an additional person (interested party) receive quarterly account statements, to update information about a current interested party, or to replace or remove an interested party. Use a separate sheet if necessary. Check one. Add New Replace/Update Existing Remove Interested Party (First name) (M.I.)Interested Party or Trust (Last name) Mailing Address City State Zip Code Telephone Number **Relationship to Account Owner** Compliance Investment Advisor Parent/Guardian Other **Updated Trusted Contact Person Information**  By completing this section, you designate the person identified below as your Trusted Contact Person for all beneficiaries, and authorize IDeal and its present and future direct and indirect subsidiaries, affiliates, successors and assigns IDeal to contact your Trusted Contact Person and disclose information about your Plan account: - to address possible financial exploitation; - to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or - as otherwise permitted by Financial Industry Regulatory Authority Rule (FINRA) 2165. This section does not create or give your Trusted Contact Person power of attorney. Your Trusted Contact Person will not be able to access your Account, make changes to your account, or transfer assets to or from your Account. Completion of this section is optional and you may withdraw it at any time by notifying the Plan in writing. A Trusted Contact Person must be at least eighteen (18) years of age. You may add, change or remove your Trusted Contact Person by using this form. Add New Replace/Update Existing Remove (M.I.)Trusted Contact Person (First name) Trusted Contact Person (Last name) Trusted Contact Person's Primary Telephone Number Trusted Contact Person's Email Address Trusted Contact Person's Mailing Address City State Zip Code

Family Member

Other

Friend

with IDeal. I certify the information contained herein is true and correct, and	supporting documentation is attached if required.
➤ SIGNATURE	
Signature of Account Owner or Authorized Representative of Entity	Date (mm/dd/yyyy)
Medallion Signature Guarantee — REQUIRED FOR NAME	E CHANGES ONLY
You must provide the following information as underwritten certification to	hat your signature is genuine.
<ul> <li>You can obtain a Medallion Signature Guarantee from an authorized office A notary public cannot provide a Medallion Signature Guarantee, nor can</li> </ul>	·
<ul> <li>Do not sign below until you are in the presence of the authorized of</li> </ul>	officer providing the signature guarantee.
SIGNATURE	
Signature of Former Account Owner (In the presence of the authorized officer.)	Date (mm/dd/yyyy)
SIGNATURE	
Signature of New Account Owner	Date (mm/dd/yyyy)
Signature of Guarantor	
Title	Authorized Officer to place stamp he
Name of Institution	
Date (mm-dd-yyyy)	

