Bright Start Direct-Sold College Savings Program

Profile Change Form



- Use this form to change: your name, address, phone number, email address, Successor Account Owner/Custodian, Beneficiary Information, Interested Party information or Trusted Contact Person information.
- 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.
- If you are changing the Account Owner/Custodian or Beneficiary of an existing account, you must complete the **Transfer Form**.
- 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.

To request assistance in completing this form call us at **1-877-432-7444** Monday to Friday 7 a.m. - 7 p.m. CT.

-	1-877-432-7444													
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www.BrightStart.com

Regular mailing address:

Bright Start Direct-Sold College Savings Program PO Box 219288 Kansas City, MO 64121-9288

Overnight mailing address:

Bright Start Direct-Sold College Savings Program 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

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



3. Updated Account Owner/Custodian 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 Bright Start Direct-Sold College Savings Program Account.

If you are changing your name, you must provide a legal document such as a copy of a marriage certificate, court document, or copy

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

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Account Owner	r/Custodia	(Last	name	<i>)</i>														·															_
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Permanent Stre	eet Addres	s (P.O. I	boxes	s are	not a	ссері	table.)																									
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City																St	ate			Zip	Coo	de											
Account Mailing Address if different from above (This address will be used as the Account's address of record for all Account mailings.)																																	
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Mobile			Land	lline										L		Mobi	ile					La	ndli	ne									
I agree to allow the Bright Start Direct-Sold College Savings Program and its affiliates, agents, and service providers, to contact me at the phone number(s) provided, or any phone number(s) provided at a later date, using an automatic telephone dialing system or text message, to provide messages, including account matters, informational, and marketing. I acknowledge that providing the phone number(s) is not a condition of receiving any services. By providing the phone number(s), I certify that the phone number is accurate and that I own the rights to use that phone number and to give consent to call or text the phone number(s) provided as well as any phone number(s) provided at a later date.																																	
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Birth Date (mm	n-dd-yyyy)	-																															
Email Address][

Beneficiary Information
• If you are changing your beneficiary 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 correcting your beneficiary social security number, you must provide a copy of a Social Security card or W-9 form.
• If you are changing the Beneficiary, you must submit a new Account Application and a Transfer Form .
Beneficiary (First name) (M.I.)
Beneficiary (Last name)
Beneficiary Social Security or Individual Taxpayer Identification Number Beneficiary Birth Date (mm-dd-yyyy)
Mailing Address
City State Zip Code
Primary Telephone Number Secondary Telephone Number
Successor Account Owner/Custodian Information Note: If your Account is an UTMA/UGMA Account, the individual named in this section will act as Successor Custodian until the beneficiary has reached the Age of Termination.
 Complete this section only if you are adding, replacing, changing information, or removing Successor information on your Account. The Successor Account Owner/Custodian will become the Account Owner/Custodian upon death of the original Account Owner/Custodian.
 You may revoke or change the Successor Account Owner/Custodian at any time. See the Bright Start Direct-Sold College Savings Program Plan Description and Participation Agreement for more information.
• The person you designate as Successor Account Owner/Custodian must be at least 18 years old or can be a Trust.
You may only designate one Successor Account Owner/Custodian per beneficiary.
The Successor Account Owner/Custodian will not receive quarterly statements.
Check one.
Add New Replace/Update Existing Delete
Successor Account Owner/Custodian or Trust (First name) (M.I.)
Successor Account Owner/Custoulan or must prist hame, [N.1.]

Successor Account Owner/Custodian Birth Date/Trust Date (mm-dd-yyyy) (Required)

Successor Account Owner/Custodian or Trust (Last name)

6. Interested Party Information (if applicable)

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 Replace Change current information Remove
Interested Party (First name) (M.)
Interested Party or Trust (Last name)
Mailing Address
City State Zip Code
Telephone Number
Relationship to Account Owner/Custodian.
Compliance Investment Advisor Parent/Guardian Other

7. Trusted Contact Person Information

- By completing this section, you designate the person identified below as your Trusted Contact Person for all beneficiaries, and
 authorize the Bright Start Direct-Sold College Savings Program and its present and future direct and indirect subsidiaries, affiliates,
 successors and assigns the Bright Start Direct-Sold College Savings Program 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 Remove Change
Trusted Contact Person (First name) (M.I.
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
Relationship to Account Owner/Custodian.
Advisor Attorney Spouse Family Member Friend Other

8. Signature — YOU MUST SIGN BELOW

I hereby make the changes or additions noted above to my Bright Start Direct-Sold College Savings Program Account(s). This information replaces any existing information on file with the Bright Start Direct-Sold College Savings Program. I certify the information contained herein is true and correct, and supporting documentation is attached if required. If naming a new Successor Account Owner/Custodian, I certify that the Successor Account Owner/Custodian Social Security Number provided is correct, and that the Successor Account Owner/Custodian is a U.S. citizen or resident alien.

Signature of Account Owner/Custodian	Date (mm-dd-yyyy)
SIGNATURE	

Medallion Signature Guarantee — REQUIRED FOR NAME CHANGES IF LEGAL DOCUMENTATION IS NOT INCLUDED

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution.
 A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.
- Please call Bright Start Direct-Sold College Savings Program at 1-877-432-7444 if you have any questions concerning this process.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Bright Start Direct-Sold College Savings Program Plan Description and Participation Agreement.

SIGNATURE	Authorized Officer to place stamp here
Signature of Former Account Owner/Custodian (if applicable) (In the presence of the authorized officer.)	Authorized Officer to place stamp here
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SIGNATURE	
Signature of Current Account Owner/Custodian (In the presence of the authorized officer.)	
Signature of Guarantor	
Title	
Name of Institution	
Date (mm-dd-yyyy)	

