CollegeChoice Advisor 529 Savings Plan

Broker Dealer Change Request Form

CollegeChoice**Advisor**
529 SAVINGS PLAN

- Please complete this form to authorize the change of the Financial Advisory firm listed on your CollegeChoice Advisor 529 Savings Plan Account.
- Investments may be made through Financial Advisors that have entered into a selling agreement with Ascensus Broker Dealer Services, Inc.
- 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 below. Do not staple.

Forms can be downloaded from our website at **www.collegechoiceadvisor529.com**, or you can call us to order any form—or request assistance in completing this form—at **1.866.485.9413** any business day from 8 a.m. to 8 p.m. Eastern time.

Mail this form and any other required documents to:
CollegeChoice Advisor 529 Savings Plan
P.O. Box 219354
Kansas City, MO 64121

For overnight delivery or registered mail, send to:
CollegeChoice Advisor 529 Savings Plan
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account information

☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number

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

2. New Financial Advisor information *(To be completed by the Financial Advisor.)*

Firm Name

Financial Advisor Name *(first, middle initial, last)*

Branch Number *(if applicable)* | Advisor ID Number/IRD Number | BIN Number *(if applicable)* | Matrix Level

Mailing Address

City | State | Zip Code

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Telephone Number

3. SIGNATURE—MUST SIGN BELOW

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 CollegeChoice Advisor 529 Savings Plan Disclosure Statement.

SIGNATURE
Signature of Account Owner

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Date *(mm/dd/yyyy)*

SIGNATURE
Signature of Financial Advisor

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Date *(mm/dd/yyyy)*

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